THE

WESTERN JOURNAL

OF

MEDICINE AND SURGERY.

SEPTEMBER, 1853.

ARTICLE I.—*A Case of Ovariotomy.* By J. TAYLOR BRADFORD, M.D., of Augusta, Kentucky.

The subject of this operation was Miss Nancy Harrison, of Maysliek, an unmarried young lady twenty-one years of age. At the time the tumor appeared she was but little over nine years old. It was felt in the left groin, and then appeared to be about the size of a goose's egg. About three years after the tumor was perceived, the menstrual flux occurred, and continued to return at pretty regular intervals. The progress of the tumor was watched by Dr. Basil C. Duke, of Maysliek, the intelligent physician of the family, who says; "When I became satisfied that it was a case of ovarian tumor I insisted upon Miss H.'s visiting some of the most distinguished surgeons, and I visited Lexington in company

with her. She was advised by all of those to whom she applied not to submit to the operation, as they looked upon it as hopeless."

When I was sent for to visit her she had just returned from Lexington. On examination, I found the walls of the abdomen so much distended by the enormous tumor that very little, if any, movement of the foreign body could be effected. Upon the anterior superior part of the tumor above the umbilicus could be felt a hard substance, evidently imbedded in the sac. It seemed to be about the size of the hand, and suggested the idea of bone. I thought in particular positions, and by certain manipulations, it was slightly moveable, gliding under the parietes of the abdomen.

Assisted by Dr. Dunlap, of Ripley, Ohio, and in presence of Dr Duke, who aided us by judicious suggestions, on the 14th of last June, I proceeded to remove the tumor. The patient was subjected to the influence of chloroform—not sufficiently to induce profound sleep, but to annul pain. The pulse did not vary ten in the minute from the commencement of the operation till six hours after it was completed. An incision of fifteen or eighteen inches was required for the extraction of the tumor. At first it was carried to the extent of about four inches down to the tumor, and then extended downwards to the pelvis, and upwards two inches above the umbilicus, making some twelve or fourteen inches. Finding that a strong adhesion to the omentum existed at the upper part of the tumor, I was obliged to carry the incision three or four inches higher. The bands connecting the tumor to the omentum proved to be large and very firm, and were inserted by several points into the bony substance which had been recognised before the operation. It required considerable force to break up the adhesion, which was done by the fingers and the handle of the scalpel. This procedure gave rise to very little hemor

rhage. The sac was now punctured, and after drawing off about three gallons of fluid, we attempted to raise the tumor out of the abdomen, but finding it to be too heavy to handle, we determined to draw off what fluid still remained in it. This being done we were able to reach the base of the tumor, at which there were no serious adhesions. Lifting the tumor from the cavity, the pedicle was transfixed with a needle, armed with four strands of saddler's silk; the ligature was then divided at the eye of the needle, each segment of the pedicle was tied securely, and the tumor extirpated about two inches above the ligature.

The appearance presented by the contents of the abdomen, on the removal of the tumor, was striking and exceedingly interesting. The liver, the stomach, the spleen, and the intestines, were all in full view under the eye, and in a perfectly healthy condition. It is the first time that I had witnessed such a spectacle in the living human body. The viscera were not disturbed further than was requisite for sponging out the blood and little liquid which had insinuated themselves among them.

On examination of the tumor, the hard substance spoken of as felt through the walls of the abdomen proved to be bone. It was contained within the sac in front, and extended throughout its entire length. It consisted of scales of bone varying in size from that of the thumb nail down to that of a pin's head. The surface of the sac on the inner and front part was rugose and uneven, whilst the part lying next to the back was smooth, without any appearance of osseous degeneration. At the bottom of the tumor, lying in the pelvis, there were several small fleshy tumors of various sizes, from that of a cocoa nut to that of a hen's egg. On cutting into these tumors a little fluid escaped, and within each one there were found to be a series of still smaller sacs of various shapes. The most diminutive of these groups of cells were so

small as scarcely to be visible to the unassisted eye. The principal sac, bony substance, fleshy part of the tumor, and liquid, all, weighed forty-one pounds and eight ounces.

The patient had a quick recovery, without a single unpleasant symptom. The operation required twenty-four minutes. In six weeks from the time it was performed the young lady, who had been twelve years burdened with the tumor, was riding about returning calls.

JULY 21ST, 1853.

ART. II.—*A Case of Displacement of the Heart, in Consequence of Chronic Disease of the Chest.* By W. C. SNEED, M D., Secretary Kentucky State Medical Society, Frankfort, Kentucky.

Displacement of the heart, from any cause whatever, so seldom occurs that few practitioners of medicine out of the large hospitals ever meet with an instance. The following case is the only one that has ever fallen under my notice, and as it presented some striking peculiarities, I feel disposed to present a history of it to the profession through the medium of the Western Journal.

The subject was a negro girl, about twelve or thirteen years old, a history of whose case, as near as I can obtain it, is as follows: About two years since she had an attack of pleurisy, or pleuro-pnenmonia, while living in the family of a physician of this place, since deceased, who, I presume, treated her not only promptly and skilfully but with all the kindness and care that the nature of her case required. The girl was returned to her owner some time during the year in bad health, with a cough, considerable emaciation, and laboring under other symptoms which clearly indicated chronic pleurisy. After her return to her master, she was placed under the medical care

of two other physicians, who attended her for some time with evident manifestations of improvement, but not with permanent relief. I have no details of the treatment she received from any of the medical gentlemen who had charge of the case in its earlier stages, but have no doubt the treatment she received was the most appropriate to her case.

My partner, Dr. Rodman, was called to see the case in August, 1852, and upon examination found the heart pulsatory in the right side immediately opposite to, but farther over than, its normal position in the left.

The left lung was unusually resonant, and its capacity greatly increased by the diseased condition of the right. There was dullness throughout the right side on percussion, and the healthy murmurs were all absent; in fact, the lung was entirely or nearly impervious.

The heart's action was rapid, full, and regular, and the breathing more than doubled in frequency. The patient was feeble, emacited, and had hectic fevers, with occasional night sweats and some diarrhea.

In a conversation upon the subject of this case, held with the medical gentlemen who had preceded him in the treatment of the case, they expressed surprise at the announcement of such a condition of the heart; but, upon a thorough examination of the patient in our presence, they discovered the true state of the case. The patient continued feeble and emaciated, suffering with a troublesome cough, hectic fever, with rapid action of the heart, until the latter part of July, 1853, when she expired.

I was permitted to make a post mortem examination, which was done in the presence and with the aid and assistance of my partner, Dr. Rodman, and my friend, Dr. J. M. Mills. I am indebted to Dr. Mills for the following details of the post mortem appearances.

Autopsy.—The right side of the thorax was larger, more rounded, and the ribs more elevated, than the left. Upon removing the sternum, the pericardium was found distended with serum, and the heart occupying a position on the right side of the body, two inches further over than the normal position it should have occupied on the left. In fact, it presented the appearance of having been pushed directly across to the spot where it was found. Its anterior surface was flattened, the walls of the left ventricle thickened, and a cartilaginous ring around the internal surface of the aorta at its commencement.

The left lung was filled with tubercles, and its anterior border extended a couple of inches beyond the median line into the right side of the cavity. The right lung was adherent, throughout its entire extent of surface, to the walls of the chest, but was so exceedingly small and contracted as to be almost concealed when grasped by the hand. The lower third entirely absorbed.

The abdominal viscera were healthy in appearance, except a slight enlargement of the liver.

I may here state that the post-mortem appearances were in almost exact accordance with the diagnosis made when first seen by Dr. Rodman and myself, which diagnosis was concurred by the two physicians who preceded us in the treatment of the case. Our conclusions were about as follows:

1st. That the patient had, in the first place, pleuro-pneumonia, the inflammation extending to the whole pleural surface, which was followed by extensive adhesions of the pleura, gluing the right lung to the mediastinum, and all the subjacent tissues.

2nd. Atrophy of the substance of the right lung with contrraction of the right side, and a consequent pulling of the heart, pericardium and mediastinum with it.

Owing to the loss of the right lung there was increased capacity added to the left, and a pushing over of the heart and its appendages by the left lung.

The patient's life and sufferings were terminated by the deposit of tubercular matter in the left lung, it being filled with tubercular deposits in a partially softened state when the lung was examined.

Displacements of the heart, to a trifling extent, are produced by a variety of causes, the more common of which is an effusion of air or liquid into one of the pleural cavities. The displacement is most manifest when the effusion is in the left side, the heart being then pushed over into the right, the degree of displacement depending on the amount of effusion; a condition which always exists in cases of empyema, hydrothorax and pneumothorax. As a general rule, the more rapid the effusion the more certainly will the displacement occur, and the greater will be the extent.

In a great majority of cases of removal of the heart out of its natural situation, the cause is either empyema or pneumothorax. I have met with several such cases, but the one here reported is the first met with produced by contraction of the right lung. In chronic dropsical effusions into the chest, displacement of the heart is not so apt to follow, because the effusion is slow and gradual, and the extensibility of the neighboring textures is more completely brought into play. If there is displacement at all it is generally slight. When the effusion occurs on the right side, the heart may be pushed more to the left and upwards than is natural, but to effect this a considerable effusion is necessary. In a case reported by Dr. Townsend, of England, the heart was distinctly seen and felt pulsating between the fourth and fifth ribs, near the left axilla, after paracentisis; the heart gradually returned to its normal position as the displacing force was removed by drawing off the air and fluid contained in the opposite pleura.

Dr. Stokes ascertained, by observing some cases which fell under his notice, that the absorption of an effusion of the right side would cause the heart to be displaced to that side, the pleural cavity being obliterated by lymph, while the lung of the left side was enlarged, so as to aid in occupying the vacant space, and pushing the heart over.

Tumors existing in the left sac of the pleura may lead to this displacement; aneurismal tumors may push the heart to the right, to the left, and upwards, or even forwards, and outwards, against the walls of the thorax, or downwards, so that its apex will pulsate in the epigastrium. Dr. Townsend relates a case of the latter character. In a case recorded by Drs. Graves and Stokes, (Dublin Hospital Reports, vol. V.. p. 19,) the heart was pushed upwards and to the right side by an abdominal aneurism, so as to pulsate in the intercostal space of the third and fourth ribs. Dr. Hope mentions the displacement to the left by an aneurism of the ascending aorta. He further remarks that any cause which pushes the diaphragm upwards, and prevents its descent, such as distention of the abdomen by an enlarged viscus, a tumor, or an effusion, will change the position of the heart, so that its axis will be directed horizontally; and further, that the same position may be produced by an adhesion of the pericardium to the heart, by which its enlargement is prevented. Hernia of the diaphragm is another frequent cause of displacement of the heart. In a case reported by Drs. Graves and Stokes, the stomach and a large portion of the transverse arch of the colon were lodged in the left cavity of the thorax, and pushed the heart and mediastinum towards the right side. Enlargement of the air cells of the lungs will produce displacement of the heart; the enlarged lung will push the diaphragm downwards, thus increasing the vertical diameter of the chest, or it may suffer a slight degree of

displacement laterally, by the mediastinum being pushed to the right side of the lung.

The most remarkable case on record is that reported by Dr. Stokes, which he terms "dislocation" of the heart, and was produced by external violence. The patient was crushed between a water-wheel and the embankment on which the axle was supported. Several ribs were broken, as well as the right clavicle and humerus. The heart, which, according to the statement of the patient, had always occupied its natural situation, was found beating at the right side, (Med. Gazette, Vol. VIII.)

AUGUST, 1853.

ART. III.—*A Case of Gangrene, following laceration of the Popliteal Artery and Nerve.* By M. SHEPHERD, M.D., of Payson, Ills.

H. H. M., a Scotchman by birth, 28 years of age, and of good constitution, was thrown from his wagon, on the night of the 19th of February, 1852, and severely injured. The night being very dark, and his horses running at a rapid rate, it could not be ascertained how the injury was inflicted. His wife, and some of his neighbors, were attracted to the spot by his cries, but before attempting to remove him a messenger was started for me, a distance of four miles. I was informed that both his legs were broken. I provided myself with such things as I supposed would be called for under the circumstances, and hastened to his dwelling.

It was one o'clock, A. M., when I saw him, one hour and a half after the accident occurred. He was then lying on the floor, with his clothes saturated with blood, complaining bitterly of the cold. His friends, before I arrived, had administered whisky and camphor to him, freely, for the purpose of warming him. After removing his clothes, it was found that his legs were not broken,

but badly hurt in other respects. There was a lacerated wound, from whence the blood had flown, about eight inches in length, commencing three inches below the knee, on the outside of the left leg, and extending up into the popliteal region. The origin and attachment of several muscles were broken up, the biceps flexor curis was entirely separated an inch or more above its attachment. In cleansing the wound I found the popliteal artery, also, entirely severed. The camphor and whisky which he had swallowed while lying near a hot stove, had brought about a reaction, and as soon as the artery was touched it commenced bleeding profusely. I had no instruments with me but a common pocket case; there was but a single candle in the room, and but one person, and that a lady, possessing courage enough to attempt to hold that. The artery was torn off high up, in a deep wound, and being a good deal retracted, and bleeding freely, my embarrassment under the circumstances can be better imagined than described. For the moment I was compelled to secure the artery between my thumb and finger, the jet of blood serving as a guide to its mouth. Afterwards it was clasped with a pair of straight forceps and intrusted to the lady who assisted me, until I could provide and apply a ligature, which was no easy task, situated as I was. The wound was then brought together and secured by stitches and adhesive strips.

In due time healthy granulations made their appearance, and so far as the wound itself was concerned, there was every assurance of a speedy recovery. But not so with the leg and foot; they never grew warm after the wound was received, notwithstanding every convenient mode of applying heat was resorted to for the purpose of restoring it. In about ten days his toes became black and apparently dry, and very soon the entire foot and leg, to within a few inches of the knee, became gangrenous and black. After using the whole catalogue of antisep-

tices, locally, I made deep incisions in the leg, but found neither sensibility nor blood.

On the 12th day of March, by the advice, and with the assistance, of my friend, Dr. Stahl, of Quincy, the limb was amputated above the knee, but below the ligated artery. His recovery from this operation was rapid and complete.

The question will doubtless be asked, why did gangrene of the foot and leg follow a laceration of the popliteal artery when there was no injury to the parts below the immediate vicinity of the knee? We cannot attempt to answer that question except upon the supposition that the popliteal nerve which, in that region, lies in contact, or nearly so, with the artery, was also lacerated. Thus by depriving the leg and foot simultaneously of blood and nervous influence, to the extent that evidently existed in this case, such a result might naturally be expected.

It was more than the simple injury done to the artery; the laceration must necessarily have interfered with the vessels which would under favorable circumstances, maintain the circulation by anastomosis. Gangrene would probably be the usual consequence in such cases.

August 17, 1853.

REVIEWS.

Art. IV.—*A Practical Treatise on Diseases of the Skin.* By J. Moore Neligan, M.D., M.R.I.A., Honorary Fellow of the Society of Physicians of London, Physician to the Jarvis Street Hospital, and Lecturer on Practice of Medicine in the Dublin School of Medicine. Philadelphia: Blanchard & Lea, 1852. 12mo., pp. 333.

There are many reasons why diseases of the skin should interest the practitioner and student of medicine. In the first place, there are none as to which more difficulty is experienced in the diagnosis; and in the second, few resist more obstinately the remedies that have heretofore been addressed to them. Hardly a physician lives, perhaps, who has not at times been puzzled to make out the character of some case of cutaneous disease. Most physicians have probably been troubled in that way very often These complaints constitute a special study, and it is only by long familiarity with them, and careful investigation of their peculiar pathology, that even a moderate degree of knowledge of them can be obtained.

The skin is a most important organ. It is the seat of many of the senses — not of touch merely, but of smelling, tasting, and hearing, and disease of it impairs all these faculties. Disease of the skin is a frequent cause of deafness. Covering the entire body, it has many and

important uses in the animal economy, and impairment of its functions can hardly fail to bring on disorder of the general system. The skin being a continuation of the mucous membranes, in its derangements the stomach, the bowels, or the lungs, are apt to become more or less engaged.

This class of diseases, upon which there still rests so much obscurity, has been as long known as any other of the maladies of our race. We know how one of them—the Leprosy — was dreaded by the Jews; and of another — Elephantiasis — we have accounts in the writings of the early Greek and Arabian physicians. Why so little progress has been made in their study does not seem easy to understand. They are external, palpable, exposed to the eye, and would seem to afford every requisite for successful investigation. The microscope has lately been used for the discovery of their true nature, and much was expected from the employment of this instrument, but disappointment to a great extent has followed this expectation. But little addition has yet been made by the microscope to our knowledge of the diseased conditions of the skin. This is particularly true of their diagnosis and treatment, as based on minute anatomy, the very points upon which an increase of knowledge is most to be desired. But this mode of investigation has not been wholly unproductive; some interesting results have followed. It has revealed to us, for example, that in some diseases of the skin a vegetable production — a cryptogamous plant — is present on the cutaneous surface, which is, without doubt, intimately connected with their true pathology. The microscope has disclosed to us a new world—a fauna and flora upon the animal body, as well as within it; and proved that man is literally, what he has often been figuratively styled, a microcosm. Whether these parasites of the skin are the cause or the consequence of the cutaneous affections, is a question not

yet settled among pathologists — whether they are a *propter hoc* or a *post hoc;* but as to the existence of these fungi all dermatologists,we believe, are fully persuaded. In other affections of the skin it has been proved, by the aid of glasses, that microscopic animals are present and probably the cause of the disease.

Dr. Neligan omits eruptive fevers from the catalogue of diseases of the skin, and wisely, in our opinion. They are not diseases of the skin, but of the general system — true constitutional diseases, of which the alteration in the skin is merely a symptom, and one of secondary importance. It is opposed to the advanced position of modern pathology, and calculated to keep up incorrect ideas of their essential nature, to include plague, measles, and scarlatina, among the diseases of the skin. He divides these affections into ten groups or orders, as follow —

1. Exanthemata.
2. Vesiculæ.
3. Pustulæ.
4. Papulæ.
5. Squamæ.
6. Hypertrophiæ.
7. Hemorrhagiæ
8. Maculæ.
9. Cancrodes.
10. Dermatophytæ.

Adding two supplementary groups, Syphilides and Diseases of the Appendages of the Skin.

In the following quotation will be found the definition of these several orders —

The diseases contained in the Order Exanthemata are characterized by the occurrence, on a greater or less extended surface of the skin, of a blush of inflammatory redness, usually more or less elevated, which terminates in epidemic desquamation, in the form of fine mealy scales. The most essential character of the order is,that the redness momentarily disappears on pressure with the finger. In one form of eruption, classed amongst the exanthemata, namely, erysipelas, the epidermis is very commonly raised in large blebs by serous effusion ; but this

is evidently caused by the intensity of the inflammation which is present, takes place in the progress of the disease, and is not a constant or essential symptom. In general, the redness is in large uncircumscribed patches, or uninterruptedly diffused over the surface; but in some forms it occurs in well-defined, regular spots. The essential nature of the exanthemata is, that they are inflammatory, and they seem to have their seat in the vascular rete of the derma. This order corresponds with the second subgroup of the first proup of the first secondary division of Wilson's Natural System, defined by him as "Inflammation of the derma, without constitutional symptoms of a specific kind." It contains four genera, erythema, erysipelas, urticaria, roseola.

The Vesiculæ are characterized by an eruption of vesicles or blebs, which consist in an elevation of the epidermis, varying in size, in some forms minute (vesicles,) and in some of tolerable magnitude (bullæ or blebs,) containing a transparent, serous fluid, which, with the progress of the disease, becomes opaque, and dries into thin scales or hard crusts. The fluid by which the elevation of the epidermis is caused in the vesiculæ is at first transparent and albuminous, but after a short time becomes opaque, and often puriform. This order nearly corresponds with the second group of the first secondary division of Wilson, which he defines as "Effusive Inflammation of the Derma." It contains five genera — eczema, herpes, pemphigus, rupia, scabies. Wilson places scabies in a distinct subgroup, defining it to be "Inflammation of the derma, from the presence of acari."

The third order, Pustulæ, is characterized by the eruption of *Pustules*—rounded elevations of the epidermis containing pus, which, bursting, form scabs or thick crusts. The pustules may be of small size, and closely aggregated together, or large and isolated; the former constituting the *Psydracia*, the latter, the *Phlyzacia*, of Willan; a psydracious pustule being defined by him to be "a minute pustule, irregularly circumscribed, producing but a slight elevation of the cuticle, and terminating in a laminated scab," and a phlyzacious one, "of a larger size, raised on a hard, circular base of a vivid red color, and succeeded by a thick, hard, dark-colored scab." The epidermic covering of a pustule is much thicker than that

of a vesicle, consequently it takes a longer time to maturate, or, in other words, to burst and form a scab or crust, but in their advanced stage the diagnosis between the two is sometimes not unattended with difficulty. The eruptions placed in this order correspond with those classed by Wilson in the third group of his first secondary division: "Suppurative Inflammation of the Derma." The genera are three in number: acne, impetigo, ecthyma. Wilson, however, puts acne in a group, the definition of which that he gives being, "Inflammation of the glands and adjacent textures."

The Papulæ are characterized by an eruption of minute, solid elevations— *pimples* — generally reddish, but sometimes of the natural color of the skin, containing neither serum nor pus, terminating in the disquamation of fine scales, and almost invariably attended with intolerable itching. In some forms, the top of the pimple is of a reddish brown or black color, but this merely depends on the accidental presence of a small, dried crust of blood, usually effused by scratching. This order contains two genera: lichen, prurigo. It corresponds with the fourth group of Wilson's first secondary division, which he defines: "Depositive inflammation of the derma."

The eruptive diseases contained in the order Squamæ, are characterized by the secretion of dry, laminated, whitish scales on the cutaneous surface, usually occurring in patches, often of a circular form. The scales, which are somewhat elevated above the level of the skin, readily fall off, to be again rapidly renewed; the part which they cover is of a smooth, glistening aspect, reddish and dry. The order corresponds with the fifth group of the first secondary division of Wilson's classification: "Squamous inflammation of the derma." It contains two genera: psoriasis, pityriasis.

In the order Hypertrophiæ, I include those diseases which are characterised by an hypertrophied condition of the derma or epidermis, or of both, or of the hair follicles. The term has been used much in this sense by Simon, in his "Anatomical Description of Diseases of the Skin," and from him I have adopted it. In its application it is nearly synonymous with the tuberculæ of former artificial systems of classification. The latter term, although probably not so faulty, when first employed to

designate a group of cutaneous diseases, is, I think, highly objectionable at present, when it is invariably understood to designate a peculiar morbid deposit, and its application in any other sense must tend to cause confusion. Wilson, in his Natural System, has a group in which are placed those affections that consist in an "hypertrophied state of the papillæ of the derma;" but I propose to extend the application of the term, and to include in the order those diseases in which the hypertrophy affects the other cutaneous structures. I shall place in it nine genera: ichthyosis, molluscum, stearrhœa, elephantiasis, verrucæ, clavus, callositates, condylomata, nævi.

The characteristics of the seventh order, Hemorrhagæ, scarcely require to be defined. In it there is a morbid alteration of the capillary circulation, accompanied by a changed or diseased condition of the blood, in which this fluid, escaping from its proper vessels, is extravasated in rounded spots or patches beneath the epidermis, and also beneath the epithelium of the mucous and serous membranes. Bursting through the latter finer structure, more or less bleeding usually takes place from the surfaces of both these membranes. It contains but one genus: purpura.

The order Maculæ is characterised by an alteration in the color of the skin, occurring usually in large patches, and unattended with any eruption. The natural color may be deepened, diminished, or altered in hue, and the affection has its seat evidently in the apparatus of the skin which secretes the pigmentary matter. The order corresponds with the fifth secondary division of Wilson: "Disorders of the Chromatogenous Function of the Derma." It contains two genera: vitiligo, which includes albinoismus, and ephelis.

The order Cancrodes contains those diseases of the skin in which many of their features resemble cancerous affections. They are characterized by a degree of semi-malignancy usually attended with foul ulceration of a slow and insiduous nature, often with severe stinging pain, and a marked tendency to return after apparent cure, or after excision, in the same or in remote parts of the cutaneous surface. It contains two genera: lupus, kelois.

The tenth order, Dermatophytæ, I have adopted from Bennett. It includes those diseases of the skin which depend on, or are characterized by the presence of, parasitic plants. It containes two genera: porrigo, sycosis.

Of the two supplementary orders, the first—Syphilides—contains those eruptions of the skin which are ordinarily termed *secondary*, being caused by, or consequent on the introduction of the venereal virus or poison into the system; and the second includes diseased conditions of the *hair* and *nails*.

By the ancients, the term Exanthemate was understood to designate every variety of eruption of the skin. At the present time, the group of diseases included under it is one well defined, and limited; "they are characterized by the sudden appearance, on a greater or less extended portion of the skin, of an inflammatory redness in variously shaped patches, which momentarily disappear on pressure, are usually attended with a slight elevation of the surface, and terminate in exfoliation of the epidermis." They are almost always attended by inflammatory fever, thus constituting a *natural* group. But, as justly remarked by Dr. Neligan, we should be careful in the treatment of them, not to let the idea of inflammation lead us to too active measures. The fever, instead of antiphlogistic treatment, may be of a low asthenic form, requiring the opposite course.

Erythema is one of the mildest of this group of complaints. Many of the cases which pass as erysipelas are of this character. The diagnosis is generally easy—

The blush of erythema is of a deeper red, and less livid than that of erysipelas, is not attended with the same amount of local tumefaction, burning heat, and pain, and is marked by much less disturbance of the system generally, and much less fever. That form of erythema simplex, which has been named fugax, has sometimes been mistaken for urticaria evanescens; they are both exanthematous eruptions; but in the latter the eruption disap-

pears and re appears with constant rapidity, generally in the same places, while erythema fugax, though nearly equally evanescent, does not return to the same parts; it is, too, unattended with the acute itching and annoying tingling so characteristic of urticaria, and moreover occurs in the course of some disease of the general system, while urticaria evanescens is an idiopathic affection. Erythema papulatum has sometimes been mistaken for some of the eruptive fevers, as for measles or scarlatina; but its local character, its appearance upon the hands, and its papular elevation, serve to distinguish it from measles, in which the eruption is of a crescentic form, of a duller red color, and attended with a catarrhal fever. As regards scarlatina, the bright redness of the efflorescence and the acute inflammatory fever, together with the sore throat of that disease, should suffice to render the diagnosis easy. Intertrigo may be confounded with chronic eczema, occurring behind the ears, in the axillæ, or in the groins; the latter, however, is a vesicular eruption in its primary stage, and as it advances is marked by the copious serous discharge, tumefaction, and deep red fissures, which so remarkably characterize the disease.

Erysipelas, another of the exanthems, is a disease of great interest. It is occasionally a most formidable disease. We have had it repeatedly as an epidemic in our country, within a few years, and the minds of professional men are singularly divided in regard to its treatment. What is the most successful mode of combating erysipelas? We venture to say few more perplexing questions could be propounded. We give what Dr. Neligan has to say on this point —

The treatment of idiopathic erysipelas may be conveniently considered under two heads — the constitutional and the local. As regards the former, many different views have been propounded, the supposed indications depending on the idea formed as to the essential nature of the disease. Thus those who believe it to depend on some deranged condition of the hepatic secretion—the prevalent opinion among them being that it is caused by a

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By the ancients, the term Exanthemate was understood to designate every variety of eruption of the skin. At the present time, the group of diseases included under it is one well defined, and limited; "they are characterized by the sudden appearance, on a greater or less extended portion of the skin, of an inflammatory redness in variously shaped patches, which momentarily disappear on pressure, are usually attended with a slight elevation of the surface, and terminate in exfoliation of the epidermis." They are almost always attended by inflammatory fever, thus constituting a *natural* group. But, as justly remarked by Dr. Neligan, we should be careful in the treatment of them, not to let the idea of inflammation lead us to too active measures. The fever, instead of antiphlogistic treatment, may be of a low asthenic form, requiring the opposite course.

Erythema is one of the mildest of this group of complaints. Many of the cases which pass as erysipelas are of this character. The diagnosis is generally easy—

The blush of erythema is of a deeper red, and less livid than that of erysipelas, is not attended with the same amount of local tumefaction, burning heat, and pain, and is marked by much less disturbance of the system generally, and much less fever. That form of erythema simplex, which has been named fugax, has sometimes been mistaken for urticaria evanescens; they are both exanthematous eruptions; but in the latter the eruption disap-

pears and re appears with constant rapidity, generally in the same places, while erythema fugax, though nearly equally evanescent, does not return to the same parts; it is, too, unattended with the acute itching and annoying tingling so characteristic of urticaria, and moreover occurs in the course of some disease of the general system, while urticaria evanescens is an idiopathic affection. Erythema papulatum has sometimes been mistaken for some of the eruptive fevers, as for measles or scarlatina; but its local character, its appearance upon the hands, and its papular elevation, serve to distinguish it from measles, in which the eruption is of a crescentic form, of a duller red color, and attended with a catarrhal fever. As regards scarlatina, the bright redness of the efflorescence and the acute inflammatory fever, together with the sore throat of that disease, should suffice to render the diagnosis easy. Intertrigo may be confounded with chronic eczema, occurring behind the ears, in the axillæ, or in the groins; the latter, however, is a vesicular eruption in its primary stage, and as it advances is marked by the copious serous discharge, tumefaction, and deep red fissures, which so remarkably characterize the disease.

Erysipelas, another of the exanthems, is a disease of great interest. It is occasionally a most formidable disease. We have had it repeatedly as an epidemic in our country, within a few years, and the minds of professional men are singularly divided in regard to its treatment. What is the most successful mode of combating erysipelas? We venture to say few more perplexing questions could be propounded. We give what Dr. Neligan has to say on this point —

The treatment of idiopathic erysipelas may be conveniently considered under two heads — the constitutional and the local. As regards the former, many different views have been propounded, the supposed indications depending on the idea formed as to the essential nature of the disease. Thus those who believe it to depend on some deranged condition of the hepatic secretion—the prevalent opinion among them being that it is caused by a

deficient secretion of bile and a consequent accumulation of it in the system—treat all forms of erysipelas, no matter what may be the age or condition of the patient, by the administration of remedies calculated to promote a copious evacuation of that fluid by the alimentary canal. Others, regarding it as a highly inflammatory disease, employ depletion, and other active antiphlogistics; but this plan of treatment, although it may succeed in the robust dwellers in country districts, is not at all suited for the inhabitants of town or large cities. With some, the affection being viewed as one of asthenia, being attended with or dependent on diminished vital power, the use of tonics and stimulants is relied upon; while again, others, finding that the urine is highly acid in the early stages of the disease, as it is in all febrile affections, recommend an alkaline treatment.

Seeing that these so opposite plans of treating erysipelas are reported by those who have proposed or adopted them as being attended with almost invariable success, we are forced to the conclusion that in the ordinary run of cases constitutional treatment is of little importance. Unquestionably cases occur in which there are extreme inflammatory action and high fever, demanding the use of bleeding and antiphlogistics; and others in which the vital power is so low, and the accompanying fever assumes from the onset so marked a typhoid type, that the most powerful tonics, stimulants, and nutrients are clearly indicated. My own experience, which, however, it is right to say, has been chiefly acquired in this large and crowded city, is decidedly in favor of the tonic and stimulant plan of treatment. I ordinarily rely on the use of bark, which I give from the very commencement of the disease;—in the very old or debilitated combining it with tincture of sepentaria, as in the following form —

℞.—Tincturæ Cinchonæ,	ʃl ʒiv.
Tincturæ Serpentariæ,	ʃl ʒiij.
Tincturæ Croci,	ʃl ʒj.
Decocti Cinchonæ,	ʃl ℥xj. Misce.

"An ounce to be taken every sixth hour."

At the same time giving wine and nourishing diet according to the circumstances of each case.

The preparations of iron are by many preferred to those of bark in the treatment of this disease; their mode of action would appear to be similar: the tincture of the sesquichloride, in the dose of from twenty to twenty-five drops every second or third hour, has been especially recommended by Dr. and Mr. Bell, of Edinburgh, in a paper lately published by them.*

I consider the use of purgatives in the early stages of erysipelas as decidedly objectionoble: they tend to increase the debility, usually so important a characteristic feature of danger, and, determining to the mucous membrane of the alimentary canal, and to the abdominal viscera, their action prevents the full development of the eruption on the cutaneous surface—a circumstance to be especially avoided in the treatment of all inflammatory diseases of the skin —and thus give rise to local congestions and transference of the inflammation to some internal organ.

The use of billiary evacuants has been very strongly supported in an excellent practical essay published by Dr. Albert Walsh;† the remedy he recommends being tartar emetic, in rather minute doses—one grain dissolved in a quart of some emollient drink, as whey or barley water, in the twenty-four hours; he continues its use until the eruption begins to fade, when he administers sulphate of quina and other tonics.

Mr. Lawrence is the chief advocate in the present day for bloodletting and active antiphlogistics; but in his views as regards the constitutional treatment of the disease he has very few followers.

If any internal organ be attacked during erysipelas, the most active derivatives to the surface should be employed. Thus, when the membranes of the brain are engaged, sinapisms and blisters should be applied to the legs, and warm stupes to the head; active purgatives also are now indicated, and of these the most valuable is the turpentine enema. When the inflammation siezes on the larynx, leeches, even although great debility be present, should be applied beneath the angles of the jaws, and hot stuping to the throat, with relays of sponges assiduously employed;

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* Monthly Journal of Medical Science, June, 1851.

† Dublin Quarterly Journal of Medical Science, New Series, August, 1850.

a blister to the nape of the neck is also here a valuable remedy. The operation of tracheotomy is not applicable in such cases, for the erysipelatous inflammation spreads rapidly downwards through the respirrtory tubes, causing copious effusion into their sub-mucous areolar tissue.

When erysipelas affects the scalp, the hair should be immediately cut as close as possible, with the view of keeping the surface cool, and of permitting local remedies to be more easily applied.

In the milder forms of idiopathic erysipelas, the best and only local treatment requisite consists in dusting the inflamed parts freely with wheaten flour or finely powdered starch, which may be conveniently applied from an ordinary dredging-box; the dredging should be repeated several times in the twenty-four hours. It allays the burning pain and irritation, and always proves highly grateful to the patient; therapeutically it appears to act by protecting the surface from the air, and by drying up the discharge as fast as it exudes from any vesications which may have formed. When the vesications are numerous, and the discharge excessive, I have found the addition of a drachm of oxide of zinc and twenty grains of finely powdered carbonate of lead to half a pound of starch of much advantage. In using this combination the mixed powders should be well shaken each time before the parts are dusted with them, as, in consequence of their specific gravity, the zinc and lead soon sink to the bottom of the vessel in which they are kept.

Anointing the inflamed surface with melted lard is by some preferred to the use of dusting powders. Mr. Wilson speaks highly of his experience of it, having first, he says, employed it on the recommendation of Mr. Grantham, whose method is, "to relax the skin with hot water or steam fomentations, and after each fomentation to saturate the inflamed surface with hot lard, which is afterwards covered with wool."

When erysipelas is spreading rapidly, although superficially, over the cutaneous surface, the inflammation still persisting in the parts where it first appeared, inunction with mercurial ointment has in my experience more effect than any other local application in checking its progress. The ordinary mercurial ointment, to every once of which a drachm of glycerine has been added, should be smeared

thickly over the inflamed surface, and on the sound skin for a considerable distance beyond; it need be applied only twice in the twenty-four hours, and if any symptoms of salivation be produced, its employment should be at once stopped.

Acting as an impermeable varnish, and probably producing some effect also by the compression it causes, colodion has been successfully employed by Spengler and Rapp as a local application in erysipelas; the parts are thickly coated with it by means of a camel's hair pencil, and it is renewed as often as may be required in consequence of its cracking and peeling off when dry. When the disease affects one of the extremities, bandaging the limb has been used with very favorable results: this practice originated with the Continental school: its action seems to depend chiefly on the equable compression exercised on the congested capillaries and cutaneous veins, whereby they are emptied of the excess of blood contained in them; but some of the good effect produced is also probably due to the protection from the action of the air thereby given.

Phlegmonous and traumetic erysipelas demand more active local medication than when the inflammation affects the superficial layers of the integuments merely. In these forms of the disease many rely on the topical depletion by leeches, by punctures, or by deep incisions. While leeches may produce a good effect by withdrawing blood from the inflamed superficial vessels, the determination caused to parts on which their suction power is exerted is to a certain extent productive of mischief. The same objection does not hold with regard to punctures; their employment has been highly advocated, amongst others, by Sir Richard Dobson, by Liston, and by Wilson; they should be made with a lancet, all over the inflamed part, at distances of from a quarter of an inch to an inch, according to the extent of the surface engaged, and penetrate to the depth of a quarter of an inch. As soon as they have nearly ceased to bleed, a warm bran poultice may be applied. Mr. Copland Hutchinson strongly recommended free incisions, and his practice has been adopted by Lawrence, Guthrie, and others; they should be made down to the sub-cutaneous fascia, and be several inches in length. When there is much deep seated effusion of the liquor sanguinis, as is so frequently the case in traumatic erysipelas, they are deci-

dedly productive of the best effect, and they should never be omitted when matter has formed.

Nitrate of silver is used in the treatment of erysipelas with two intentions, to check the spread of the inflammation superficially, and to promote resolution in the parts which have been attacked. With the former view a broad line or *cordon* is made on the sound skin, at a short distance from the margin of the inflamed surface, by the application of a solid stick of the nitrate on the part, previously wet with pure water; when the disease is situated on one of the extremities this line is made to surround the limb completely. Mr. Higginbottom, who amongst English surgeons is the chief advocate for the use of this agent, at first recommended the employment of the solid nitrate to the inflamed surface; but in his observations, recently published, and which contain the results of his accumulated experience, he states that he prefers a solution containing a scruple of the salt to a drachm of distilled water. He gives the following direction for its application —

"The affected parts should be washed well with soap and water, then with water alone, to remove any particle of soap remaining, and then wipe dry with a soft cloth: the concentrated solution of the nitrate of silver is then to be applied two or three times over the whole inflamed surface, and *beyond it* on the surrounding healthy skin, to the extent of two or three inches."

In twelve hours, should the erysipelatous inflammation be unaffected, it is to be again applied; when vesications exist, they should be opened previously to the application. I prefer to use the nitrate of silver in the form of ointment, a drachm to the ounce of lard; it thus comes more completely into contact with the inflamed surface, does not dry up so rapidly, and is more easy of application to some parts of the body, as to the scalp.

Sulphate of iron, both in solution and in ointment, has been recommended as a most valuable local application in erysipelas by Velpau, but I have not seen it prove so useful as nitrate of silver; the solution which he uses contains one part of salt dissolved in fifteen parts of water, and the ointment consists of one part of the sulphate to three or four of lard.

Blisters are sometimes employed with success to prevent the spread of erysipelatous inflammation; they are applied at the margin of the affected surface: thir effect appears to depend on a new action being excited in the parts, and their use seems to prove especially of service in the erratic form of the disease. The only other local remedies requiring notice are, creasote, which, painted over the surface, has recently proved successful in the hands of some practitioners; and congelation of the surface by means of pounded ice and salt mixed in a bladder, which has been proposed by Dr. Arnott: from the use of the latter it may be apprehended that some internal organ might be attacked.

Should erysipelas assume a gangrenous tendency, in addition to the internal administration of the most powerful tonics, as wine, bark, and quina, the parts ought to be enveloped with a charcoal poultice, and afterwards dressed with lint soaked in a lotion, containing from one to two ounces of the solution of chlorinated soda or chlorinated lime to the pint of distilled water.

The Vesiculæ form an interesting class of cutaneous disorders. Since the time of Willan, they have been restricted to those forms in which "the effusion is a transparent fluid, contained in minute, orbicular, epidermic elevations." The fluid, in the progress of the disease, becomes opaque, and dries into thin scales or crusts. Of the first variety included under this head our author remarks—

Eczema (Scall or Humid Tetter) is a most important and interesting disease of the skin, being of extremely frequent occurrence, at times very difficult of diagnosis—particularly in its advanced stages, and usually most rebellious to treatment. It is characterized by the eruption of numerous minute transparent vesicles, closely set and irregularly aggregated on an uncircumscribed inflamed surface, and attended generally with burning pain and intense itching. It is highly inflammatory, but not contagious. The vesicles, which are at first perfectly transparent become opaque on the second or third day after their

appearance—the contained fluid assuming a semi-purulent character—and either dry up with a fine furfuracious desquamation, or bursting, become covered with thin, yellow crusts, from beneath which an acrid, watery exudation takes place.

When it assumes a chronic form, it is a most intractable eruption. Dr. Neligan mentions a case in which it persisted for twenty-five years; and according to his experience it is rarely cured under several months' treatment. The following is what he says on the subject of treatment —

Eczema is essentially an inflammatory eruption, even in its most chronic stages, and this fact should always influence our choice of remedies, whether topical or constitutional, for its treatment. In eczema simplex, occurring in adults, mild saline antiphlogistics with alkalies, as in the following form, are prescribed with advantage at its commencement —

℞.—Sodæ et Potassæ Tartratis, ℥j.
Solutionis Alkalinæ (Brandish), fl ℥iv.
Aquæ destillatæ, fl ℥xixss. Misce.

"A wine glass full to be taken three times a day."

For children, gentle mercurial purgatives are better adapted, combined with antimonials, such as James' powder, if the febrile symptoms are well marked. In the mild forms of the disease the best local treatment in the acute stage is the use of the general tepid bath, or of warm water sponging, the parts being thoroughly but gently dried afterwords. When the local affection is more severe, the weak lead-wash — a drachm of the solution of subacetate of lead to twelve fluid ounces of rose or elder-flower water—applied on old linen wet well with it, is an excellent application: if the eruption is seated on any part of the extremities, it is best and most efficiently applied by means of bandages evenly put on, and kept constantly moist with the wash. In some cases

of eczema, moisture appears to disagree singularly, always aggravating the local symptoms; under such circumstances an ointment containing four grains of the carbonate of lead, or of the acetate of zinc, to an ounce of cold cream, may be used, and if there is much tingling or itching in the part, two minims of prussic acid should be added to the latter, or six minims of chloroform to the former ointment. If simple exzema occurs, as is not unfrequently the case, in children of a scrofulous diathesis, it is very apt to become chronic; when it does so, local remedies seem to have little effect on the eruption, but it yields rapidly to the internal administration of cod liver oil, and the daily use of the tepid fresh-water bath.

In the early stages of eczema rubrum general antiphlogistic treatment, proportionably active according to the inflammatory character of the constitutional and local symptoms is requisite; in persons of full habit of body bleeding from the arm even may be indicated, and in most cases topical bleeding by leeches from the neighborhood of the affected parts is attended with much benefit; active saline cathartics should be administered and repeated at short intervals, until the febrile symptoms are subdued. The local heat, swelling and tingling are best alleviated by gelatine baths, and at night the application of poultices, prepared by first steeping the best white bread in boiling water, squeezing it out as dry as possible, and then moistening the pulp with the weak lead-wash above mentioned.

When this form of disease becomes chronic, it is usually most rebellious to treatment, and requires the employment of internal specific or alterative medicines to produce a change in the state of the constitution with which it is combined, or on which it may depend, and this is requisite even though the eruption is of small extent and local. In many cases the preparations of iodine prove most efficacious, but sometimes it is requisite to combine them with arsenic, or to give that medicine alone; in delicate constitutions, or if debility be present, the iodide of potassium is the best form; it may be given in some tonic decoction, as follows —

℞.—Iodidi Potassii, gr. viij.
Decocti Ulmi (corticis recentis, fl ℥xij.
Decocti Dulcamaræ, fl ℥iv. Misce.

"A wine-glass full to be taken every night at bed time."

When thus given it is not liable to sicken the stomach, and in my experience small doses of iodine or its preparations act most efficaciously in the treatment of diseases of the skin. If the use of arsenic be indicated, either from the obstinacy of the affection or the failure of other remedies, five minims, very gradually increased to eight, of the liquor potassæ arsenitis, or of the liquor arsenici chloridi of the last London Pharmacopœia, may be added to each dose of the above mixture; but whether iodine or arsenic be administered alone or in combination, their use must be continued for a long time, at least for two or three months, and beneficial results are always most effectually derived from the system being brought very gradually under their influence. Numerous internal medicines, as well as local applications, have been recommended by different writers for the treatment of chronic eczema; of the former, the most generally employed are the tincture of cantharides, antimonials, sulphur especially in the form of the sulphurous mineral waters, mercurials, and various vegetable tonics; but my own experience leads me to rely on either or both of the powerful alteratives above recommended; even in the most chronic cases I have seen the sulphurous waters—so valuable in other diseases of the skin—prove injurious, and mercurials generally disagree except with children, in whom the green iodide of mercury, combined with the hydrargyrum cum creta, often acts as a most valuable alterative.

The itching and copious secretion attendant on chronic eczema demand the employment of local sedative and astringents. The compound lead cerate of the London Pharmacopœia, to every ounce of which two drachms of glycerine and eight minims of chloroform have been added, constitutes a most useful ointment, no matter on what part of the surface the eruption may be seated; or the carbonate of lead or acetate of zinc ointment already described may be substituted for it should there be much tendency to local inflammatory action. Tannic acid, in the

proportion of from four to twelve grains to the ounce of cold cream, with or without the addition of chloroform, is also an excellent application. Some recommend highly stimulating compounds for the local treatment of chronic eczema, such as anthrakokali or fuligokali (forms of carburet of potassium, which, when introduced into the practice of medicine a few years since, were highly vaunted for their remedial powers, but have now fallen into disuse) tar, pitch, sulphurous preparations, etc. By distilling tar with water, a mixture of impure oil of turpentine, a pyrogenous oil, and some pyretine is procured; this liquid has been recently used and highly praised by some French dermatologists, under the name of *huile de cade*, as a local application, inunctions being made with it twice daily; by the term *huile de cade*, however, most of the French pharmacologists understand a tarry oil obtained by the dry distillation of the wood of the juniperus oxycedrus. No matter what local remedy is employed, it will be found of advantage to sponge the affected parts carefully with a *weak* alkaline wash—ten grains of the carbonate of soda to a pint of distilled water, each time previously to its fresh application.

When eczema occurs on the face or hands, the treatment as above described for its different forms is equally applicable, but in either situation, in consequence of the exposure to atmospheric vicissitudes and to various local irritants, it is usually more obstinate, and when the disease is general over the body the face is for the same reasons the last part to get well. The use of soap in washing should be interdicted, the weak carbonate of soda lotion warmed to blood heat being substituted for it, and especial care should be taken not to expose the surface to the action of harsh winds, the sun, the heat of the fire, or any cause which might produce determination of blood to the affected parts.

In eczema capitis the hair should be cut close to the scalp with a sharp pair of scissors—not *shaved* off—and kept as short as possible while the disease lasts, and for a short time after it is apparently cured. The crusts and scabs should be removed by poulticing with linseed meal, and sponging with the weak carbonate of soda solution mixed with an equal quantity of new milk, the surface being carefully dried afterwards. When the scalp is thus

cleaned, in the milder and less inflammatory forms of the eruption an alkaline ointment, containing twelve grains of the bicarbonate of soda to the ounce of cold cream, may be applied morning and evening, the surface having been previously sponged as above directed; but if there be any tendency to inflammatory action, the carbonate of lead or the tannic acid ointment, and the subacetate of lead-wash, prove more beneficial. The scalp should be kept cool, very lightly covered or exposed to the air when in the house. As regards constitutional treatment, in scrofulous habits of body, either cod liver oil or iodide of potassium, with tonics, should be administered; but the best alterative for children who are not scrofulous is the green iodide of mercury, as before mentioned.

In all forms of eczema, when the origin of the disease can be traced to any local irritant, this, of course, should be carefully guarded against, both during the progress of treatment and when a cure is affected; in the case of persons engaged in trades, and others who cannot abandon the occupation by which the eruption was caused, the cutaneous surface should be protected as much as possible by the use of wash leather gloves. The diet of persons affected with eczema should be regulated according to the constitutional circumstances, but in children much benefit will be derived from placing them on a strictly milk and farinaceous diet. In both adults and children the bowels require to be carefully attended to, the use of mild saline purgatives, if possible the natural mineral waters, of which probably the Pullna is the best, being employed with excellent effects. In children the process of teething must be watched, and the gums lanced when necessary; and the eruption on the scalp should not be dried up too suddenly if there exists a tendency to disease of the brain, or any other internal organ.

We have preferred to give a few long extracts from this valuable little treatise, rather than to attempt an analysis of its contents, as affording the reader a better opportunity of forming a correct estimate of its merits. It strikes us as being just such a manual as the practitioner would like to possess on diseases of the skin. As a

summary of professional experience on this interesting class of diseases it is judicious and eminently satisfactory. Among the elaborate and costly works issued on the subject, the publishers have shown a correct appreciation of the wants of the profession in bringing out this cheaper publication. We are confident it will find many readers.

ART. V.—*The Claims of the Medical Profession.* The Annual Address Delivered before the New York State Medical Society and Members of the Legislature, at the Capitol, February, 1853, by A. CLARK, M.D., President of the Society, and Professor of Physiology and Pathology in the College of Physicians and Surgeons of the State of New York, etc. Published by the Society and by the Legislature. Albany: Revised Edition, 1853. 8vo., pp. 24.

This is an address of great beauty and force. On every page it exhibits good taste, correct, vigorous thinking, and just sentiments, eloquently expressed. We wish it could be read by every physician in our country. Nay, we wish every body who expects ever to have need of the physician's skill, could read it. As it cannot be so widely circulated, we propose to give as much diffusion as we can to some of the excellent views contained in it.

Dr. Clark is speaking of the repeal of the laws which, in many of the States, once regulated the practice of medicine. He says —

In simple truth, medicine, on her own behalf, does not deplore the change. While led by the parental hand of government, it felt itself perhaps a child; but rejected and spurned by its parent, of a sudden it discovered its manhood and its strength. It is for society alone we mourn. They, by such legislation, are left a prey to the pretender, who, by the boldest promises and most daring lies, can most impose on their credulity. But the profession is hardly reached by it; that has a hold on the affections of man which is scarcely less firm than the love of life itself.

The feeling with which the physician is cherished is,then, too near akin to selfishness ever to die out, while men believe that skill is the legitimate child of knowledge and experience. Young transplanted trees are boxed in to protect them from injury, or tied to supports to brace them against the violence of the winds; but when they have sent their roots deep, and their branches high, the trunk becomes strong, and they stand hardly less firm than the earth which nourishes them. So our profession, springing from a social necessity, protected by the hand of law till it has become deep rooted in the constitution of society, and has sent forth its branches to overshadow and bless it, though now the protection be withdrawn, yet will it stand unshaken till society itself is disorganized. We need then no protection—we ask for none. We ask for no other recompense than that which suffering humanity cheerfully pays to the hand that alleviates.

And yet the incongruities of legislation may merit a passing notice. Out of the many that offer themselves I will select but two. While government carefully defends the people against their own ignorance, by proving and stamping every penneyweight of gold and every pennyworth of copper that is put into circulation as money, and with earnest severity punishes every counterfeiter who cheats us of a single dollar, it refuses its sanction to those who offer ro judge for that same people of all that relates to the deep mysteries of life and disease; it has no punishment, no reproof even, for the counterfeit physician that cheats us of our life. It inspects drugs and medicines, destroying all that are not of standard purity, and yet it cares nothing who uses them; thus the government officer is made to sharpen the sword, and throw it into the circle, indifferent whether it fall into the hands of the trained and tried soldier, or into those of the highwayman.

Medicine, Dr. Clark shows, is making progress, notwithstanding the neglect of government, and all the quackery of pretenders. It is conferring vast benefits upon society, notwithstanding society in its collective capacity refuses to foster and protect it.

But I shall be told, doubtless, that I am claiming for my

profession more than we have any fair right to; that society has improved in all its relations, and that to these improvements are due, in fair proportion, the results which I have quoted. Let us consider for a little in what these improvements consist. Within one hundred and fifty years the arts have reduced the cost of many of the necessaries of life; but then the necessaries of life have been actually multiplied by this process of reduction, and food, the first of necessaries has not been cheapened; if its relative money price has not materially changed, its labor cost is greater. The home condition of the laborer —I speak only of the countries from which I have drawn statistics—is more miserable than it was a century and a half ago. The rich have, it is true, become richer, but the poor have at the same time become poorer; in other words, wealth has greatly increased, but it is not distributed in other countries as it is in our own. Who that has visited the homes of labor in England and France, will believe that the over-crowded, half-clad, half-fed population of a manufacturing town can be compared in domestic comfort with the laboring classes of other times, when the housewife wrought out of the noisy wheel and loom the honest, warm, abundant homespun; when the labors of the field brought to a country, not overpopulated, abundance of food; when labor had not yet destroyed its compensation by rivalry with itself; when the infirm poor were not yet so numerous that the benevolent rich could not learn their condition and supply their wants. Who will believe that the crowded, hot, dusty, ill-ventilated manufactory can contribute to health like the open field, where men once labored, with its fresh breeze and its sunshine. The better and middle classes have always been long-lived. *Their* home condition may have been improved in the period referred to; but have they gained as much as the many, the laborers, have lost? I confidently believe that so far from their being a betterment in the social condition of Europe within a century and a half, when a fair balance is struck, it will be found that things personal contribute less than formerly to prolong life. Still, it cannot be denied, that in the general improvement of society, something has been done for this great object. It is in cities chiefly that these important changes are seen; and even there they are confined mostly to the rich,

or at best are brought by the rich only to the doors of the poor, beyond which they rarely strive to pass. Staying as far as possible the spread of pestilence; improved ventilation in the widening of the streets, and in the better constructions of dwellings and public buildings; diminishing the causes of disease by the removal of filth, and by a judicious drainage; and the encouragement of personal cleanliness, by making water abundant and bathing cheap; these, no one will deny, are benefits, solid benefits. But *all that is valuable in them is based on principles elaborated and expounded by the medical profession.* Even the details of the plans by which the public have realized these benefits, have in many instances been prescribed by the profession. There is an applied recognition of this fact, in the name "medical police," which is given to the department that governs most of these things, and still more in the acknowledged necessity that their supervision be mainly intrusted to an "inspector" chosen from the medical profession. These are medical facts popularized, as are a thousand other medical facts in hygiene and the laws of regimen. May we not, then, freely imparting to the public, as we do, the advantages derivable from these things, may we not ask to be remembered as the authors of the doctrines from which thes benefits flow?

There is another view of this subject. Among the causes of *tubercular consumption* we hear enumerated imperfect protection either by house or clothing, against the vicissitudes of weather; scanty and innutritious food; imperfect ventilation; vitiated air; dwelling in dark, damp places; indifference to personal cleanliness. When it is remembered these are important points among the particulars in which it is claimed that the condition of society has been so greatly ameliorated, it would be expected that this formidable malady must gradually recede before the advancing improvements. But Sir James Clark assures us (in his book on consumption) that this is not the case. He has carefully studied the London bills of mortality, making annual averages for periods of ten years, to avoid the influence of epidemics and accidental agencies, and he finds that from 1700 to about 1830, there was no diminution in the frequency and fatality of the disease, but rather that the proportion of deaths from it has been increasing during that whole period. At the

same time, this author fully confirms the statement already quoted from the history of England, by showing that the mortality from all diseases, consumption included, has diminished nearly one-half; consumption excluded, more than one-half. I need hardly add, that the profession has never claimed great control over this affection, and that during all the period here referred to, it was held to be incurable. This statement favors a conviction that the advantages we have gained over disease are more in actual practice than in prevention and hygiene.

But we have facts more directly to my purpose, such as will show the physician's care of the sick, freed from all other agencies that are supposed to have influence in prolonging life; and comparing the results of that care, at different periods, our claims will in no respect be weakened.

Dr. Merriman deduces from the bills of mortality just referred to, the fullest evidence, that in the department in which he was so much distinguished, the most signal improvement has been made. In 1680, *one in forty-four* died while under the care of the medical attendant; within fifty years from that time, only *one in seventy* died under the same circumstances; in another term of fifty years, mortality was reduced to *one in eighty-two;* and in forty years more (the period ending with 1820,) it had fallen as low as *one in one hundred and seven.* Here is a condition in which knowledge and skill are left to work their way unhindered and unhelped. Hygiene has little to do with it; the improvements of society even less. It is nature and the doctor, and how has the doctor triumphed? *Fifty-nine per cent.* of such as must have died in the latter half of the seventeenth century, saved in the progress of about one hundred and fifty years. This is doing something to lift from the sex the heavy weight of the primal curse, and we challenge, in return for it, their kind regard.

Let us now bring our inquiry nearer home. In the city of New York is a medical charity, which receives a liberal sum of money every year from the treasury of the State. It cannot fail to interest those of my hearers who have been appointed the almoners of the public bounty, that the New York Hospital, whose reports are annually presented to the Legislature in this hall, is an illustration of

the great truth which I have undertaken to expound. This institution reaches back to the beginning of the period for which I claim the most signal improvements in medical practice. I have before me a table, formed from personal examination of the records of this charity, which exhibits the mortality, together with the number of patients treated, annually since its foundation. The first fifty years of its existence end with 1842. I find that if this term be divided into periods of ten years each, the progressive improvement is uninterrupted; so that while the relation of deaths to admissions in the first fifteen years was *one in seven and seven-ninths*, in the last five years it is *one in eleven and one-eighth*. This is a gain of more than 30 per cent., or thirty-one patients saved alive out of every hundred that formerly would have died. Now here is little besides medical treatment. The growth of the city has not materially improved the site of this institution. The same building is now used that was used when it was opened, though others have been added. The wards were no more crowded through the early years than they were in 1842; the comfort of the patient has been equally cared for at both periods; and it is proper to give emphasis to the statement, that in this important result vaccination has had no part. This inestimable discovery was made, it is true, early in this period of fifty years, but it could in no way have affected this hospital, because small pox has never been admitted into it since its foundation. What then have we here but improvement in the practice of medicine and surgery? And it cannot but be noticed that the result here recorded equals, even exceeds, what is claimed in society at large, from all beneficial causes operating together. It is apparent also, since so much has been gained without the aid of vaccination, that great as is the amount of good done by this discovery, it is far from being the only life-saving agency by which the world has been blessed in the past half century.

SELECTIONS

FROM

FOREIGN AND HOME MEDICAL JOURNALS.

Some Account of a Fever produced by the Decomposition of Potatoes, in the Village of Almont, Michigan. By F. K. Bailie, M D. It is proposed, in this communication, as well as may be, to give an account of a disease which commenced in this place in the autumn of 1846. Up to this time, from the first settlement of the town, the diseases in this region were of the same character as those usually met with in newly settled places in the West. The country is generally level, and well timbered with beach, maple, oak, etc.

During the summer of 1846, there was erected in this village a large building, to be used in the manufacture of potato starch. The farmers, within five miles in each direction, contracted to produce potatoes, and draw them to the factory. As soon as the middle of October, there were delivered and deposited in one reservoir, about thirty thousand bushels. The machinery not being in readiness as soon as was expected, this amount of potatoes laid some two or three weeks. The weather being warm, the whole mass soon began to rot. A small proportion of them were diseased when drawn, but they were generally in a sound condition. As soon as it could

be done the pile was overhauled, and not for from twenty thousand bushels removed into the yard in front of the mill. This mass was some three or four rods in extent each way, and four or five feet deep in the centre. The smell emanating from this offensive heap of vegetable matter was almost intolerable,

The fevers during the summer and the first of the fall months had been of a milder type than usual, yielding to proper treatment in a few days. During the months of November and December a typhoid tendency could be perceived in every case that occurred. It was evident that some modifying cause was operating. One man, who was engaged in removing potatoes from the mill, was attacked with a remitting fever; but about the seventh day, congestion of the brain set in, and he soon died. [This case will be alluded to again]

Another case was that of a young lady, who had spent the summer some six miles from the village, in a neighborhood where fevers of the common type were prevalent, and had during the time an attack of remittent, but partially recovered before returning home. In the fore part of November she was taken with a relapse, in which the disease assumed a typhoid form. [The case will also be referred to again.]

During the fore part of December many cases of fever occurred, assuming a continued form, and none of the common type. As I took no notes at the time, it will be impossible to give in detail all the appearances in any one case, but will endeavor to describe, in general, most of the symptoms characterizing a majority of the cases.

This disease seldom commenced abruptly with a chill, but the patient complained of an uneasy sensation in the head, back, and limbs. Many, in describing their feelings, said they thought they should have the ague. There were languor and lassitude, no distinct chilliness, but an inclination to draw up to the fire, and an indisposition to exertion either physical or mental. The tongue was found to be coated with a whitish fur, there was a disagreeable taste in the mouth, and the breath was fœtid. The state of things just described continued sometimes a week; but generally the disease became confirmed in five or six days. Usually, at the expiration of this forming stage, a chill, more or less distinct, would usher

in the disease, after which no more coldness would be experienced. At other times, the alternate cold and heat would gradually give place to continued heat and excitement, rendering it difficult to ascertain the exact time to date the outset.

The author gives the following synopsis of the symptoms and appearances that characterised the disease —

1. The pulse was frequent and quick. With an occasional exception, it was not less than 100 in a minute, and frequently going as high as 140 or 150 in cases that recovered. It was sometimes full, but always easily compressed beneath the finger. In the worst cases, and in feeble constitutions, it was sometimes found to intermit, which was usually an unfavorable symptom.
2. The breathing was hurried, frequently so much so as to occasion panting
3. Morbid sweating was common, and was considered indicative of danger.
4. Diarrhea was almost unfailing, and in many instances very excessive. Sometimes its existence was coëval with the attack, but frequently induced by the action of cathartics taken by the patient before calling medical aid, which developed the disease, that otherwise might not have occurred.
5. Tympanites was an attendant generally where there was diarrhea, but sometimes when the bowels were torpid.
6. Cough was common, and frequently the first symptom complained of. The patient would seem to have a cold, cough a little for a day or two, when other symptoms supervened, and the disease was established.
7. Hemorrhage from the bowels occurred in some cases, to such an extent as to exhaust the patient in a few hours. Sometimes the blood flowed unmixed, but commonly attended by morbid secretions.
8. The nervous system was in a marked degree affected in every case, more or less. Subsultus was common in the comparatively mild cases—worse, however, in persons of a strictly nervous temperament. Inability to confine the attention, indifference to surrounding objects and

their own condition was apparent. But little solicitude was manifested in respect to recovery.

9. Delirium was common in the most cases, in some of which the patient would be almost uncontrollable. In a majority of cases the patient was so stupid that it was difficult to obtain a correct answer to an inquiry. He might, perhaps, be aroused enough to answer one question, but would relapse immediately into a snoring sleep.

10. Deafness was almost unfailing, and to such a degree, in some cases, as to render it difficult to make the patient hear.

11. Retention of the urine was an occasional source of trouble, most common in females.

12. Forgetfulness of what had occurred during the disease was common in the severe cases, and in the mild the memory was confused. Unconsciousness of the lapse of time may be mentioned in this connection; and, if a patient was unable to tell at any time how long he had been sick, or could not remember the day of the week, the prognosis might be considered as doubtful.

13. The rose-colored eruption attended a sufficient number of cases to be considered as diagnostic.

14. Subsultus and hiccough also were common — the former in cases of every grade, but the latter only in the worst cases.

Respecting the nature of this disease there can be no doubt. The foregoing enumeration of symptoms render its peculiar character conclusive.

The following facts are given to show that the fever was more or less contagious —

The smell of the potatoes was noticed little or none in parts of the village directly north of the mill while N. E. and N.W. it was almost intolerable. The subjects were generally young persons from eight to thirty years of age. In some instances whole families were affected. Facts may be related which would lead us to consider the disease as contagious. About the time that Miss B (the young lady refferred to) died, a daughter of Mr. K., who lived in the house adjoining, was attacked. About the same time a sister of Miss B. was attacked, and died on

the seventeenth day of the disease. A young lady (Miss F.) who assisted in the family of Mr. K., was also taken sick, and remained in the family. A son of Mr. K. was taken about ten days after the daughter, and Mrs. K. was attacked before the rest recovered. After the younger Miss B. died, and previous to the attack of the other, the family removed to a house across the street. The wife of the man who went into the house Mr. B. had left, was attacked about the same time. Her husband also had some of the symptoms but they were thrown off. Miss A., who went into the family of Mr. K. after Miss F. was taken sick, began to complain in about a week, and went home to an adjoining town ten miles distant. She had the disease and died. Three or four of her father's family were afterwards attacked, and a brother died. No other cases occurred in that neighborhood. A sister-in-law and niece of Mr. K., who had assisted considerably in the care of the sick in his family, had the disease, but in a mild form. They resided on Main street, out of the range of the miasm, and were not in Mr. M.'s house more than one-third of the time. Mr. K. had some of the premonitory symptoms, but the disease was not developed. A sister of Miss F., who was with her about four weeks, was attacked and went home. She had the disease, and a brother, who resided in the family, also took it from her and died. A young man who resided in the family was attacked, and before he recovered, his father, who resided about twenty-five miles south, came and took him home. After his arrival at his father's, some of the family was taken sick, and from thence the disease spread until the whole household (the parents and seven children) died; the one who was taken sick here alone escaping.

After the death of the second Miss B., her father, a sister, and three other members of the family, were attacked, and had a se ere form of the disease. Many others of the neighbors who had watched with these families, either had the disease or felt the symptoms.

After the opening of spring no cases occurred until September, when the disease reappeared. In the main, it presented the same characteristics during the autumnal months as it had during the previous winter. The principal variation was a tendency to assume a periodical form after the crisis, there being a chill, succeeded by the hot

and sweating stages, as in ordinary intermittents, and susceptible of being arrested by the prompt administration of anti-periodics.

In such cases there seemed to be, in addition to the local miasm, the usual general influence tending to produce intermittents; and the typhoid tendency predominating, and expending its force first, left the system a prey to a predisposition less potent. This fact goes to prove that more than one cause may be operating in the atmosphere at the same time, each in its turn producing its effect according to its power to do so.

Such results occurred in cases where there was no organic lesion in any part, but a debilitated condition of the system, produced by the effect of the continued form of fever. When this crisis arrived the system was in a state to convalesce; but the ordinary causes of intermittents being in operation, a paroxysm would come on as stated above. Recovery would follow rapidly after the periodic tendency was interrupted, as after ordinary intermittents.

Post mortem examinations were made in three cases. The first was that of the young lady first mentioned. There were ulcerations through the whole extent of the intestines, from the duodenum to the rectum, the deepest being in the small intestines. The ulcerated patches were from the diameter of two lines to that of a pin head. The intestines were found filled with black blood, and before death some quarts had passed off. She might be said to have died of hemorrhage, as the other symptoms had not been particularly unfavorable. She, it will be remembered, died in December, 1846.

The second was in the case of a little girl, four years of age, who died in the fall of 1848. She had had whooping cough for two or three weeks at the time the fever set in, and her death was caused by congestion of the brain. The brain was filled with blood, and the lungs also were considerably congested. The mucous membrane of the small intestines was inflamed to a considerable extent. There were small elevated spots upon the internal surface of the bowels, which were of a bright red. The case was an interresting one, from the fact that we had an opportunity of examining the condition of the entire mucous membrane at an early stage of the disease.

which we could seldom have done, as the fever was not sufficient cause to produce death. There was much more disease than any external sign indicated, from which we might infer that in all cases there was inflammation to a greater or less extent.

The third case was that of a young man, twenty-two years of age, who died in the autumn of 1847. He had resided during the summer in St. Joseph's county, and had suffered while there from a remittent fever. At the time he was attacked with continued fever, he had not recovered from his former sickness, but was able to be about the streets. He was not as sick to appearance as many others had been who recovered. He died on the twelfty second day from the time of attack. Half an hour before his death he asked to be helped into a chair, was cheerful, spoke of his hopes of recovery, and took some food. He very soon complained of a severe pain in the abdomen, and a deathly faintness. Stimulants were administered, but he soon sunk and died in the chair. In this case there were extensive ulceratioes of the small intestines throughout the whole extent. About a foot of the ileum was gangrenous, with perforations in two or three places, the largest of which was an inch and a half in length. The intestines were diseased through the whole length to some degree, presented a livid appearance, and considerable effusion had taken place in the abdominal cavity. He had strength enough to walk across the room within five days of his death.—*North-Western Medical and Surgical Journal.*

Consumption and Malaria. By G. R. Grant, M.D., Memphis, Tenn. It is believed, and has been asserted by high authority, that *phthisis pulmonalis* is not only not so prevalent in malarious as in non-malarious regions, but, also, that by a residence in localities confessedly abounding with malaria, the consumptive invalid might reasonably expect a permanent cure. An inspection of the foregoing table will show, as far as it goes, that facts are not in accordance with this opinion. *Pulmonary consumption*, as well as *typhoid fever*, is undeniably on the

and sweating stages, as in ordinary intermittents, and susceptible of being arrested by the prompt administration of anti-periodics.

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increase in Memphis, where *malaria* is almost as abundant as around the "Pontine Mountains."

Nor is this all. An examination of the preceding table likewise informs us that *consumption* has not only consigned victims to our cemeteries during every month of the past year, but that exactly *one-half* of the whole number of deaths caused by it occurred from July to October inclusive, the very season of the year when *malaria* is in most abundance, and is exerting its power to the fullest extent.

No one will run the risk of making himself the subject of ridicule, by asserting that these cases are *strangers* who have come hither to spend their *summers* on account of the healthfulness of the place.

As far as the facts furnished by one malarious locality can be depended on, it may be asserted that an exemption from pulmonary consumption is not attainable by a residence in a sickly place, much less ought a cure to be expected under such circumstances.—*American Journal of the Medical Sciences.*

Ovaritis. By Dr. COALE.—The patient had suffered for seven years with symptoms referred by her attending physician to prolapsus uteri; there was violent pain at the menstrual periods, and also at other times; pain and sense of weight in the back, and pain of very acute character in the front of the abdomen darting back to the renal regions; an opiate treatment, alone, had been followed. On examination per vaginam, Dr. C. detected the right ovary enlarged, hardened, and very tender to the touch; there was but a *very slight* degree of prolapsus of the womb; an issue over the region of the inflamed ovary, and quinia were ordered. Dr. C. thinks this affection is very often overlooked. Relief was obtained by the above treatment.—*Am. Jour. Med. Sciences.*

Disease of Women Unconnected with Pregnancy. Final Cause of Menstruation. Dr. F. Ramsbotham has published a short paper enunciating views which have given

rise to considerable discussion. He admits to the fullest extent the ovular theory of Bischoff and Pouchet; but, in addition, he propounds the hypothesis that the menstrual secretion and the decidua are convertible phenomena, the one or the other occurring according as impregnation does or does not take place. This identity of the two products, he thinks, is established by the following considerations —

An ovule, he observes, ripe for impregnation, parts from the ovarium and is grasped by the Fallopian fimbriæ. At the same time, nature establishes an action in the uterus for the purpose of preserving it, provided it becomes impregnated. In this case the fluid formed is retained in the uterus, and becomes gradually converted into deciduous membrane. If, on the contrary, for want of impregnation the ovule perishes, then this fluid, being no longer required, is allowed to pass away and becomes the menstrual fluid.

This view, the author thinks, is strengthened by the fact that the menstrual fluid and the decidua seem both to be the product of the same tubular glands; that the decidua, when first formed, is a viscid fluid; and that, in dysmenorrhœa, a membrane is not unfrequently formed in the virgin uterus, which has very much the external characters of decidua; that those females who menstruate irregularly or painfully are not so obnoxious to pregnancy as those in whom the function is normally performed; and that in the lower animals, in which there is no menstruation, there is no deciduous membrane.—*Half Yearly Abstract of the Medical Sciences.*

Phlegmasia Dolens Relieved by Cold Water. The following case, isolated as presented, may not be of very great interest or importance, either to yourself or the readers of your most excellent journal; for which reason I would not even claim for it a place among the many instructive productions found on its pages. If I succeed by the report of this case in elicitating from you or your contributors an opinion in regard to the treatment adopted, my object will be fully accomplished.

And as the object of an editor is to collect from every possible source, materials out of which to form conclusions and to arrive at *facts*; which, when expressed to the profession, we feel under obligations to receive as such, founded upon true data, perhaps this may be of some service in making your collection of cases.

On the 2nd of April, 1852, I was called to attend Mrs. A. in her first confinement. The labor progressed rapidly, and she was soon delivered of a fine, healthy child, with no untoward symptoms except flooding, which, after great prostration, was arrested by the ordinary remedies. She was doing well up to the 9th, when she complained of a pain, which she described as a "cramping pain," in the calf of the right leg; this continued to increase during the following twenty-four hours, until it became of the most excruciating character; then successively the thigh, groin, and hip became affected, the pain becoming more severe as the disease advanced; at the same time the limb was hot and swollen; in short, I might say that there were present all the symptoms of a veritable case of *phlegmasia dolens*, perhaps more properly termed crural phlebitis, commencing as it sometimes, but not frequently, does at the lower instead of the upper part of the limb. This case was treated in the ordinary way with the exception that general depletion was not resorted to, which was inadmissable, on account of the great debility occasioned by excessive flooding at the time of her accouchment. The remedies seemed merely to act as palliatives, without checking the progress of the disease; for on the 20th the same symptoms began to make their appearance in the left leg that had been complained of in the right.

Being satisfied that if my patient was to suffer again what she had just passed through, she must certainly succumb, (for it had already become necessary to use stimulants pretty freely,) I determined upon a different course of treatment. I ordered a tub of the coldest spring water, directing it should be constantly poured upon the left leg for half an hour, after which wet cloths were to be applied for the same length of time. These applications were made to the whole limb, for the thigh had now become affected.

The next day my patient informed me that the limb to which the water had been applied felt much better, though

it was still very painful, and I discovered, on examination, that the redness along the course of the vessels and swelling had somewhat subsided. The right leg was still painful. I directed the same application to both limbs to be repeated at least twice during the day; which was followed by very great relief. Indeed, it was only repeated for four successive days, when the inflammatory action had entirely subsided, and my patient was free from pain. It is unnecessary to state that her recovery was speedy from this date.

Without comment, I leave it with you and the profession to decide upon the propriety of the indiscriminate use of cold water in such cases, before the cessation of the lodhial discharge.

In this case there were no bad effects, no suppression of the discharge, but what the consequence of its application at the onset of the disease might have been I do not pretend to say. I also leave the case for the blind exultation of the Hydropathist, without going into an argument to prove that the use of water in this case is not empirical, but that it is scientific practice, founded upon the true pathology of the disease, which is essentially of an inflammatory character, whether this inflammation be seated in the absorbent or venous system.—*New Orleans Medical and Surgical Journal.*

On Anesthetic Inhalations in Certain Painful Affections of the Chest. By Dr. CARRIERE, of Strasbourg. Dr. Carrière relates a case of convulsive cough, and one of angina pectoris, as examples of the benefits which are likely to result from the employment of anesthetic inhalations in certain painful affections of the chest.

Case 1. The subject of this case was a nervous girl, 19 years of age, without fever, organic pulmonary disorder, or any perceptible derangement of her health, except a violent spasmodic cough, chiefly at night. Simple means were applied, then morphia, balladonna, oil of bitter almonds, and other remedies were tried without success for fifteen days. She was next put partially under the influence of chloroform, twice in the course of one evening, when the cough ceased, not again to return.

Case 2. M. P—, æt. 64, previously in the enjoyment of good health, has suffered for some months from the symptoms of fully developed angina pectoris, his paroxysms being brought on by the slightest mental or physical exertion. The circulation is extremely feeble, and there is some œdema in the limbs, but the respiration is pretty free, and there is no particular mischief in the heart. During each paroxysm the lungs became considerably engorged, and after it, some viscid bloody mucus is expectorated. Blisters, synapisms, narcotic fumigations, belladonna, hemlock, digitalis, ether, quinia, and other stock remedies were tried for some time, without avail. Chloroform inhalations were then recommended, but the patient having an objection to them, ether was substituted, and with the same marked and immediate relief as in the former case. The instructions were for the patient himself to conduct the inhalation, and to begin as soon as he felt the threatenings of the paroxysm. The result was, that the threatenings became less and less frequent, and in two months disappeared altogether, and the patient was restored to a state of comparatively good health. It must be stated that the objections to chloroform were overcome in the course of the treatment, and this remedy having been substituted for the ether was preferred to it. —*Bulletin Gén. de Thérap.*, and *Nouvelle Encyclogr. des Science Medicale.*

Statistics of Operations for Cancer. By Professor PAGET. In a recent note to The Lancet, Mr. Paget qualifies a remark which he had made in his lectures at the College of Surgeons, "that persons operated upon for cancer die upon an average thirteen months sooner than those upon whom no operation has been performed," by stating that he referred only to scirrhous cancer of the breast. He says —

In such cases, I believe that the general average duration of life, after the patient's first observation of the disease, is forty-nine months; that the average life of those whose breasts are removed, and who survive the effects of the operation, is forty-three months; and that

the average life of those in whom the disease is allowed to run its course is about fifty-five months.

In the second lecture, I said that the general result of operations for medullary cancers is very different; and that, although they are so seldom long survived, that they are generally considered to be less beneficial than the operations for scirrhous cancers of the breast, yet on the whole they are more so. The general average of life of persons affected with medullary cancer of the eye, testicle, breast, bones, or other external organ, may be reckoned at about twenty-four months from their first notice of the disease; but I believe the average for those from whom the primary disease is removed, and who do not die in consequence of the operation, is about thirty-four months; while the average for those in whom the disease is allowed to run its course is scarcely more than a year.

In the third lecture I expressed the belief that, on the whole, the operation for epithelial cancers is even more effective in prolonging life than the operation for medullary cancers; but that the wide diversities in the duration of life amongst those affected with this form of cancer makes it very difficult, at present, to deduce such an average as may be relied on. And I would repeat what I said in one lecture respecting all these averages—namely, that such general results serve only general considerations in the treatment of particular cases of cancer. They may justly determine a general rule of action, but it can be only such a rule as must admit of numerous exceptions. In many cases of scirrhous cancer there are sufficient reasons for operating; and, in many cases of medullary and epithelial cancers, reasons as sufficient for refraining. The right course must, in each case, be determined by a just appreciation of all the conditions each presents.—*The Lancet.*

On the Application of Nitrate of Silver in Acute Tonsillitis. By M. Herpin. M. Herpin states that he finds the application of nitrate of silver in substance to be a most excellent mode of abridging the duration of acute tonsillitis, preventing suppuration in persons liable to this

occurrence. Even in the most intense cases, accompanied by great febrile action, he has not had to make more than three applications. If suppuration has already occurred, the application is of less avail, and is then, on account of the closure of the jaws, often impracticable. The application must be carefully and methodically made opposite a window. If the velum is inflamed it should be touched in passing from one tonsil to another, as also may the uvula—but as a spasm of the fauces is often then induced, this should be left to the last. If the application is made within the first twenty-four hours, a single one often suffices: and this happens in persons who are liable to relapse of this affection, and have already derived benefit from the caustic. If seen later, two applications at the interval of a day, or even three, are required, although the first at once checks the progress of the disease. More than twenty-four hours should never be allowed to elapse between the applications. Since he first recommended this practice, many of M. Herpin's colleagues at Geneva have adopted it, and with the best effects, in securing the rapid dispersion of a disagreeable though not a dangerous disease.—*L'Union Médicale* and *Medico-Chirurgical Review.*

Air-Compressor of the Testicle. By Mr HUTCHINSON. In the treatment of the various inflammatory enlargements of the testis, it is now generally admitted that few measures are so efficient as the application of pressure. As ordinarily effected, by means of strapping with adhesive plaster, it is, however, liable to several drawbacks. The adaptation of the straps is not easy, and, if awkwardly done, occasions great pain. In order to secure progress, it is necessary very frequently to change the plaster, for the casing ceases to be useful as soon as the enclosed gland has yielded to the compressing force. The removals and reapplications of the dressings occasion great loss of time to the surgeon, and pain and inconvenience to the patient. To obviate these objections, an apparatus has been contrived by Mr. Hutchinson, which consists of a double bag (on the principle of the

double nightcap) with the cavity of which a tube communicates. The whole is constructed of air-tight material, and to the end of the tube, which is long and flexible, a screw-cock is affixed. The enlarged testicle having been put into the involuted bag, the latter is kept in place by means of a ribbon tied tightly round the cord. Air is then blown through the tube into the cavity of the bag, and compression of the enclosed gland is effected, just as would be the case with the lung if air were forced into the pleural sac. When filled as full as the patient can comfortably bear, the screw-cock is closed, and the air retained. As soon as by diminution in the size of the testicle the tension has become much lessened a little more air may, without any necessity for changing the apparatus, be blown in, and thus a condition of constant and equable compression is sustained.—With regard to putting on the bag, no more difficulty is found in insulating the affected organ than is the case in applying strapping. The support afforded is very comfortable, and the inflamed part being protected on all sides from friction, blows, etc., by a cushion of air, the patient can walk about, or follow his usual avocations. It must, however, be admitted, that the bulk is considerably greater than that of a merely strapped gland. Its chief disadvantages, as far as it has yet been tried, appear to be that, from being made of non-permeable material, it entirely confines the cutaneous exhalations of the part, and also that the skin beneath the constricted neck is a little liable to excoriate. For the sake of cleanliness, therefore, the bag should be removed, and the skin washed once a day; if necessary, the latter may be smeared with oil, or protected by a layer of oiled silk. If the case be suitable, a piece of lint, smeared with mercurial ointment, may be wrapped round the testicle, and the bag applied over it. The cases in which Mr. Hutchinson has proposed to use his invention are chronic and subacute inflammation of the gland, varicocele, some peculiar forms of hydrocele, after paracentesis, and, possibly, malignant affections.—*Med. Times and Gaz.*

MM. Medicus and Physiologus on the Development of Intestinal Worms. The following clever and amusing summary of our present knowledge upon the development of intestinal worms, which forms a part of one of the *Colloquia de omnibus rebus*, will supply a useful wrinkle to those who have not been fortunate enough to hear or read the lectures of Professor Owen, and an agreeable reminder to those who have been so fortunate.

Medicus. But what do we really know of the production or reproduction of tænia?

Physiologus. If you had read a memoir which I have been lately reading, you would have known something about it. The author maintains that intestinal worms are neither more nor less than a more advanced stage of development of the *cysticerci* that infest the flesh of animals used as food. He has traced the tape-worm of the cat to the *cysticercus* of the mouse.

Medicus. But how will that account for this tape-worm forming in man, who roasts, boils, broils, or fries all his cysticerci before making a meal of them?

Physiologus. Nevertheless, this memoir appears to me an important addition to our knowledge of the development of intestinal worms. Among the authors on this subject Professor Siebold was, I believe, the first to state from observation that the *cysticercus fasciolaris* found in the liver of the mouse reaches its final state of development in the intestines of the cat, and is there transformed into the *Tænia crassicollis*. This statement was confirmed by a series of observations by Dr. Henry Nelson, who, in his thesis, presented to the University of Edinburgh, in 1850, carefully traced and figured the various stages through which the tape-worm of the cat passes. The reproductiveness of the animal exceeds even that of fishes, for each joint appears to contain 125,000 ova, which will give about twelve and a half millions for the entire worm. The minute ova, thus passing off in incalculable numbers with the feces, enter the body of the mouse, mixed with its food or drink, or through the intervention of its furry coat, to which they adhere, and which it is in the habit of licking. It does not precisely appear how they pass from its alimentary canal into its liver, but most probably this is through the medium of

the blood. Arrived in the liver, they are swallowed by the cat, and in its alimentary canal are converted into tape-worms—the *Tænia crassicollis.*

Medicus. It is easy enough to see how the mouse's cysticercus may become a feline tænia, but not conversely how the cat's tape-worm produces the cysticercus of the mouse. Do you think it in the slightest degree probable that so cleanly a creature, and so dainty a feeder, as the mouse, would eat cat's dirt, or "dip his whiskers or his tail in" such an abomination?

Physiologus. No; but the dirt may be converted into dust so impalpable as to escape the observation of the most fastidious of mice.

Medicus. A dried-up ovum is not more likely to thrive than a roasted cysticercus.

Physiologus. I don't admit the analogy between objects so dissimilar in size as a cysticercus half an inch long, and the ovum of a tænia 1-3000 of an inch in diameter. But, at any rate, we have now got a cat's tape-worm made out of a mouse's cysticercus. This result has been very lately extended to the tape-worms of other animals by Dr. Küchenmeister, (Prag. Vierteljahrschrift, 1852, i. 126.) He fed dogs and cats upon parts of animals which contained different kinds of cysticerci, and subsequently found tape-worms in their intestinal canal at various stages of development, according to the interval allowed to elapse after the cysticerci were devoured. Every precaution seems to have been used in these experiments, one of which may be cited. An old dog was frequently purged, for a period of six or eight weeks, with castor oil, to insure that no tape-worms should be present. He then ate food containing ten cysticerci; in seven days, ten more; and in six days more, several others, which were not counted. Nine days afterwards the dog was killed; and there were found in the intestines thirty-five tape-worms, varying from a sixth of an inch in length, and with scarcely visible joints, to well developed worms of 160 joints, and fifteen inches long. Similar results were obtained with cats. Dr. Küchenmeister, however, could not find any tape-worms in dogs fed with the liver of the mouse; but when he fed cats with the same liver, the intestines contained the *Tænia crassicollis.* It would appear, therefore, that each species of cysticercus

requires a certain habitat, a peculiar animal, for its development. It has been rendered highly probable that the *Cysticercus fasciolaris* of the mouse is transformed into the *Tænia crassicollis* of the cat, the *C. tenuicollis* of the squirrel and ruminant animals into the *T. serrata* so common in the dog, and the *C. pisiformis* of the hare and rabbit into the *T. crassiceps* of the fox.

As for the human tape-worms, Eschricht has rendered it highly probable that the *Bothriocephalus latus*, which occurs in man in Russia and some other countries, is the farther development of a species of *Ligula*, which infests the flesh of the dorse and other fishes of the Northern seas. The origin of the *Tænia solium*, the only tape-worm met with in this country, is most probably the *Cysticercus cellulosæ* which inhabits the flesh of various animals, and especially the pig and sheep. Dr. Nelson, at least, points out the following reason for this opinion. In both, the neck is attenuated. In both, the body gradually increases in size downwards. In both, the head is similar, the figures given of them by Bremser being identical; and, in particular, both heads have a double circle of hooks: and although the *Tænia solium* is sometimes seen without hooks, Bremser has proved this to be the result of age, one row dropping off first, and then also the other.

It is not so difficult as you [to Medicus] suppose to account for the admission of living cysticerci into the human intestines. Passing by the remarkable fact that tape-worm is nowhere so common in the human subject as in Abyssinia, where meat is habitually eaten in the raw state—and also setting aside as doubtful the alleged power of the cysticerci to resist an elevated temperature, because in that case tape-worm should be as common in Britain as Abyssinia—we know that there are many people who prefer their meat in a very underdone state, and few are on their guard against a partial error of the cook in this respect.

In regard to the importance of obtaining the tape-worm's head, when the worm is expelled by remedies, it must of course be allowed to be extremely difficult to discover in the feces so minute an object as the head of the *Tænia solium*. But this does not affect the importance of its expulsion as a guarantee of a radical cure.

Late anatomical researches rather confirm the prepossessions of physicians in favor of getting a sight of the head, if possible. Thus, Van Benedin has shown that the head is the part from which all the joints are thrown off by gemmiferous reproduction; those formed first being pushed downwards by the formation of others, and being farther developed as they descend. He considers the tape-worm as a compound fluke-worm, the whole consisting of three stages or states of growth: 1st, the cystic head, (scolex;) 2d, the compound tape-worm, (strobila;) 3d, the separated joints, (proglottis.) And Dr. Nelson has ascertained that the four suckers of the head of the worm contain each a canal, which afterwards unite to form the two lateral canals of its body; and he describes the manner of feeding and propulsion of the contents of these canals from the head to the tail. The head is therefore important on two accounts: 1st, as the means by which the animal is nourished; and 2ndly, as the basis on which the joints are produced. Van Benedin, indeed, supposes that when the tail-joints separate, as they often do, they may themselves go on developing, and become a species of fluke or *Distoma*. But this view is far from being established.

Editor. It is to be hoped that these results will stand the test of time. It is gratifying to see the dry anatomical researches of Rudolphi, Bremser, and others, giving forth useful results at last.

Physiologus. Those foolish people in our profession who so eagerly search only for what they call practical information, may rest assured that, in the long run, the cultivation of pure science is the surest and best way of arriving at it. No one could have expected, when Galvani made the limbs of a decapitated frog caper, and when practical men got no answer to their question, *cui bono*—that England and France would one day be united by a galvanic telegraph. Nor could it have been imagined that the apparently barren labors of Goetz, Rudolphi, and others, would lead to the important practical fact that tape-worm is caused by feeding on measly meat and fish out of season, or by indulging in the heathenish custom of devouring half-raw flesh.—*Edinburgh Monthly Journal.*

Ether and Chloroform. M. Jobert de Lamballe thus compares these anesthetics —

Ether has a strong, penetrating odor, which renders it repugnant to some persons; it always commences by irritating the respiratory organs, it frequently provokes coughing, and sometimes suffocation. Chloroform does not disturb nor irritate the organs it passes through; on the contrary, patients take pleasure in inhaling it. Chloroform produces only a feeble organic excitement; ether would seem to cause a violent one, as the inspirations of the latter give rise to a good deal of agitation in the heart and in the other muscles. Ether develops its anesthetic effects slowly, and they remain for some time after the experiment or the operation is ended, in the form of intoxication, headache, feeble pulse, and cold limbs. Chloroform, on the contrary, ceases, in general, its action when the patient stops inhaling it, and it is only in especial cases it is seen to prolong its effects for some time after the patient ceases to inhale it—cases which never occur except where the operator has pushed the saturation of the system to an extreme degree. Ether alters the color and the consistency of the blood, while chloroform does not change either its nature or its color. Chloroform never retards the healing of the wounds, ether frequently militates against their healing. M. Jobert de Lamballe has never observed chloroform diminish in any way the productions engendered by, and necessary to, the healing process, or alter their consistency; ether, on the contrary, seems to produce marked effects, making the plastic lymph less consistent and less vital. Both chloroform and ether excite at first the vascular apparatus, precipitating the motions of the heart as if the latter was disturbed by the introduction of some foreign body. Ether produces these effects in a much greater degree than chloroform, and continues them almost indefinitely, i. e., during nearly the whole time of the experiment, or the operation. Ether acting upon the organs it touches, under the form of vapor, has a tendency to inflame them; chloroform produces nothing of the sort. Chloroform and ether, in their second action, stupefy the nervous system, and consequently suspend the functions of

the muscles of locomotion and of organic life. Chloroform paralyzes them hopelessly, as in a second the heart may cease to beat. Chloroform produces its effect instantly: in thirty seconds, in a minute and a half, in two, three, or four, minutes at most. Ether, on the contrary, determines insensibility only in 13, 15, 18, or 20 minutes, and sometimes requires even more time. Chloroform calms the organs; ether troubles them in a violent manner, even during sleep, which is accompanied with agreeable or painful dreams. Ether excites, especially women, in a way which forbids its being administered publicly: while chloroform makes all persons gay, a gaiety which may be indulged in before witnesses of both sexes. The sequent accidents produced by ether are phenomena of inflammation; those following chloroform are symptoms of feebleness and of organic weakness. Ether produces death, during the experiment, very rarely, and with great difficulty, while chloroform may determine life instantly, when the patient is not watched, or the chloroform awkwardly administered, or when the bronchia have a large communication with the sanguineous pulmonary organs, and when the chloroform is absorbed in the form of abundant vapors. In no case should chloroform be resorted to when a grave disturbance of the functions exists, dependent upon a profound lesion of the central organs of circulation or nervous swellings. It may easily be understood that a new disturbance of the functions being added to that existing, should produce a rapid and, so to say, instantaneous death. Chloroform, consequently, should never be used when the nervous system has been enfeebled by a violent shock—a gun-shot wound—or when the patient is exhausted by a long and an abundant suppuration, by losses of blood, or a chloratic state carried to an advanced degree. When chloroform has suspended the vital forces, and death is apparent, the surgeon must not abandon the patient until he has endeavored *for a long time* to recall him to life. The skin should be partially excited by cold water, frictions with alcoalats, alcali, etc., etc., the organs should be reanimated by currents of air directed upon the face and the limbs, while the breast is agitated by slight communicated motions; care must be taken to place the patient in the position most favorable to the reëstablishment of the circulation

by putting him horizontally upon his back, or obliquely upon his side. Excitants introduced in his mouth; mint water; antispasmodics placed upon the rectal surface, favor the resuscitation of the motions of the heart, reduced to oscillation or complete resolution; cauterizations in the mouth or in the pharynx with ammonia, may contribute to restore the dying man; there are also examples of electricity being successfully applied to vivify an organization about stagnating forever.

On the Application of Gutta Percha in the Treatment of Diseases of the Skin. By ROBERT I. GRAVES, M.D., F.R.S.—Dr. Graves directs the attention of practitioners in the treatment of certain forms of cutaneous disorder, to the necessity of protecting the abraded and tender surface of the skin, the *cutis vera*, from the contact and action of the air and other hurtful agents. The effect of blood coagulating over a cut or abraded surface is known to be beneficial, and not less serviceable are those secretions which are furnished by surfaces abraded and in a state of inflammation. The premature and forcible removal of all these discharges, which are to be regarded as natural coverings, is always injurious, and tends to continue inflammation and irritation, and consequently to defer healing and protract the disease.

Dr. Graves thinks that artificial substitutes for these secreted coverings, or artificial coverings over them, may be useful in effecting the healing of extensively abraded surfaces in cutaneous disorders. Of this nature are solutions of collodion, which have been in occasional use for some time; and more recently, solutions of gutta percha in chloroform have been employed with similar beneficial results.

It is well known that there are certain obstinate forms of cutaneous disorder in which, whether from the nature of the disorder or the extent of the skin abraded, denuded, and irritated, it is often difficult to effect either cure or alleviation. Such are some forms of psoriasis, eczema, impetigo, and leprosy. In treating affections of this kind, a covering of gutta percha seemed to Dr. Graves well calculated to protect the tender surface, and thereby

to promote the healing process. After various trials with this agent, the results have been such that Dr. Graves conceives that they ought to be well known. The therapeutic application of gutta percha is mentioned by Dr. Neligan in his recent work. But it may be useful here to give some notice of the method from the account by Dr. Graves himself.

When the saturated solution of gutta percha in chloroform is spread, by means of a camel's hair pencil, over a portion of the skin, the solvent fluid rapidly evaporates, leaving a delicate and extremely thin pellicle of gutta percha firmly adhering to the part. The peculiar toughness of gutta percha prevents this pellicle from being brittle, and therefore it is much less liable than collodion to crack and fall off in small scales. On the forehead or face, where it is not affected by friction of the cloths, it remains firmly attached for five or six days, or even longer; but on other portions of the surface it is often rubbed off much sooner. Over dry eruptions of the skin it lasts longer than over those which are moist, and over smooth and firm spots, of course, longer than over those covered with rough morbid scales or loosely adhering crusts. Before the applicetion of this solution, therefore, the practitioner will do well to render the portions of the cutaneous disease to which he intends to apply it, as free as possible from crusts or scales, by means of poultices, alkaline lotions, etc. When the precaution is taken, he will find that the artificial cuticle which he has applied with his brush will, in certain cases, act most sensibly on the subjacent disease, diminishing inflammation and its consequences, and powerfully contributing to the restoration of the healthy structure of the skin.

Whether it acts by the equable pressure which the film of the gutta percha, suddenly coagulated from the fluid state, must exert on the surface to which it becomes so firmly adherent, or whether its efficacy be rather owing to other causes, it is beside the object of Dr. Graves in writing this notice to discuss. He remarks, however, that the curative properties of such an artificial covering are not confined to the skin, for in the Gazette Médicale de Paris (April 10, 1852) is an account of the successful application, by M. Dechange, of collodion in orchitis; and the *modus operandi* is said by him to consist in its compressing

the tissues, and protecting the parts from the action of the air, which he thinks is a powerful element of phlegmasia. Without giving an unqualified assent to this explanation, Dr. Graves has no hesitation in announcing his firm conviction that, in diseases of the skin, this solution furnishes us with a new and active remedy, exerting effects quite different from those produced by any topical application hitherto in use.

The transparency of this artificial membrane enables the surgeon to watch the progress of the subjacent diseased skin, and its colorless nature prevents it from disfiguring the face when the eruption occupies that part. Its perfect cleanliness, too, is no small advantage, and affords a very agreeable contrast when compared with the usual ointments, etc.

The observations of Dr. Graves confirm what reasoning on this subject would lead us to expect, that this application is more suited for dry, scaly, tubercular, and chronic diseases of the skin than for acute affections, attended with much oozing of fluid and comparatively active inflammation

Still, its good effects are by no means limited to chronic diseases of the skin, or those of a scaly, dry nature; for, as will hereafter appear, Dr. Graves has seen it decidedly useful in the spreading form of impetigo. His experience of this remedy makes him anxious to witness its application in the first stages of erysipelas, as analogy leads him to hope for good results in such cases.

Of course the patient must aid the efforts of the physician, and must, as far as possible, abstain from every thing that tends to rub off or injure the artificial cuticle; for its virtue ceases when its continuity is broken and the external air finds admission to any part of the diseased surface.

Early in the month of November, 1851, Dr. Graves was called to visit Mrs. C., from ——. She was about fifty years old, full and plethoric, the mother of a large family, and, until the disease of which she then complained commenced, generally healthy. About two years before, she observed small spots of impetigo on her limbs and body, which succeeded each other, some healing while fresh ones appeared. During the summer she was nearly free from them, but last autumn they returned

with greater virulence than ever, and have since increased both in size and numbers, some being larger than the hand, and attended with constant oozing of fluid, which imperfectly coagulates, forming loose and thin crusts. The itching at night was intolerable, and nearly deprived her altogether of sleep. Dr. Graves employed the usual general and topical treatment for a fortnight without alleviation of her sufferings, when he thought of trying the saturated solution of gutta percha in chloroform, and had it carefully applied by Dr. Nicholls, of Dawson street, at first, by way of trial, to one of the smaller spots, and on the following days to each of the larger patches of eruption in succession. The relief obtained was such that it appeared almost incredible, both to the patient and her family. Her cure was accomplished in less than three weeks; for, dreading the sudden stopping of so great a discharge and so much cutaneous irritation, he proceeded cautiously, and towards the end of the cure, when she returned home, he directed an issue to be inserted in her arm, as a measure of precaution. She has continued well up to the present time—April 11, 1852.

In this patient the attendants were at first obliged to reapply the gutta percha every second day, as it was rapidly detached and broken up into large flakes by the discharge from the subjacent surface. Its healing influence, however, speedily diminished the diseased secretion, and then the artificial cuticle remained longer adherent, and it was not necessary so often to use the scissors for the purpose of cutting off the loose portions of gutta percha membrane previously to applying a fresh layer. The camel's hair brush should be plunged, the moment it has been used, into hot water, to prevent it from being consolidated by the coagulated gutta percha.

This case caused a great sensation among the patient's friends and relatives, and many were the inquiries made relative to the method of cure employed. Dr. Graves confesses that his own astonishment at the result was not less than theirs.

Since that time Dr. Graves has repeatedly used this application in *acne of the face*, in which disease each of the pimples should be covered with the solution, and the patient enjoined not to rub off the pellicle by washing, etc.

In some, this treatment alone causes a material and rapid diminution of this tormenting eruption, and by perseverance in this plan there is every appearance in two of his patients that the tendency to throw out the pimples is gradually ceasing.

Finally, in several cases of psoriasis Dr. Graves applied this solution with great benefit. In this disease much care must be taken to prevent the application being rubbed off by the clothes, and no woolen stockings or rough garment of any sort, should be allowed next the skin. I had the satisfaction of curing, in a fortnight, a chronic psoriasis of the back of the hands and arms, in a lady who had been under Homeopathic treatment for six months, without deriving the least advantage from the infinitesimal doses prescribed by the practitioner.

Since the preceding observations were written, Dr. Graves received the following note from Mr. Moore. The additional information concerning the effects produced by the application of collodion strongly verifies the observations respecting the local antiphlogistic action of a gutta percha pellicle —

"M. La Tour has for some time advocated the doctrine that external inflammation may be speedily subdued by withdrawing the affected surface from the influence of the air. This he effects simply by a layer of collodion, which, he says, rapidly assuages the inflammation of gout and articular rheumatism. At the meeting of the Academy of Medicine, on the 8th of February, M. La Tour related a case of peritonitis in which the symptoms were dissipated within twenty-four hours, by the application of a layer of collodion to the whole surface of the abdomen."

Postcript, June 7, 1852.

My anticipation respecting the utility of an artificial cuticle applied over the parts affected by commencing erysipelas has, I find, been verified, as appears from the following paragraph taken from Dr. Neligan's able Treatise on Diseases of the Skin —

"Acting as an impermeable varnish, and probably producing some effect, also, by the compression it causes, collodion has been successfully employed by Spengler

and Rapp as a local application in erysipelas. The parts are thickly coated with it by means of a camel's hair pencil, and it is renewed as often as may be required in consequence of its cracking and peeling off when dry."

When Dr. Stokes heard of the success of Dr. Graves in other cases, he resolved to try the gutta percha solution in small-pox, and the result of two trials is most encouraging, and leads to the hope that at length a means of preventing the formation of disfiguring scars on the face in that disease has been discovered. Dr. Stokes has allowed Dr. Graves to publish the two following cases, treated by him at the Meath Hospital, and noted by the clinical clerk, Mr. Robert P. White.

Anne Kenny, aged eighteen, was admitted into the Meath Hospital, 11th May, 1852. She was never vaccinated; her illness began on the 6th of May, by rigors, headache, and pain in her loins, but without any vomiting. On the 8th, the eruption appeared, and on coming into hospital, the eruption was well formed and confluent on her face; the fever of a typhoid character, with considerable prostration of strength; she was much annoyed with pain and itching of her face. She was ordered wine and carbonate of ammonia mixture, and her face to be painted with a solution of gutta percha in chloroform.

The solution was applied with a soft brush; the entire face being well coated with it, and after the interval of a few minutes—just sufficient to allow the previous coating to dry—a second coat of the solution was applied.

This application, she said, gave her great relief, and allayed the pain and itching.

On the 13th, she was much better, and the solution was again applied in the same manner.

May 22.—She has proceeded most favorably; all the crusts have come off the face in large pieces, and there is hardly any trace of the disease remaining, except a slight discoloration. During the whole time of her illness, from the application of the solution of gutta percha, her face continued moist, and there was no ulceration in any place.

Catherine Sherlock, aged twelve, was admitted May 13—seventh day of eruption. Her illness commenced by headache, pain in her loins, and rigors, but without sick-

ness of the stomach; she was never vaccinated. On admission she had a good deal of fever of a typhoid type; the eruption had come out well, was confluent, and had completely covered her face; she complained very much of pain and itching of her face and head, which kept her from sleeping. The solution of gutta percha was applied as in the former case, and apparently gave her much relief, for she was easier afterwards and ceased rubbing and tearing her face in the manner in which she had been doing before. Wine was also freely used, as in Kenny's case.

May 22.—All trace of the disease has nearly gone, the crusts coming off in large pieces, and the remaining marks of the disease being very trifling when compared with the violence of the attack.

The same effect of the solution in keeping the face moist was also observed in this case as in the preceding.

In communicating these cases, Dr. Stokes observed as worthy of notice, and probably connected with the beneficial result produced, that the most remarkable effect of the gutta percha was to keep the face constantly moist, and to prevent the formation of hard and irritating crusts. He also mentioned a singular illustration of the effects of total exclusion of air from the cutaneous surface as a preventive of the eruption in small pox. It was that of a man who, while in the Meath Hospital for a scrofulous enlargement of the knee-joint, was attacked with this disease; the knee had been previously tightly strapped with adhesive plaster, and on the disappearance of the eruption it was seen, on removing the strapping, that not a single pustule had been developed on the parts which were thus covered.

It is scarcely necessary to add, that however useful solution of gutta percha in chloroform, or any other topical applications, may prove, it would be, nevertheless, absurd to expect from them a radical cure of those chronic cutaneous affections which arise from constitutional causes, whether strumous, syphilitic, or cancroid. As well might we look for the cure of scarlet fever, small pox, or measles, by means of remedies applied to the skin solely with the view of relieving the eruption. Still in every chronic disease it is manifestly desirable to diminish, by topical means, the annoyance or disfigurement

arising from the cutaneous affection. This relief cannot but be serviceable if it did nothing else than afford time for the due and gradual employment of a well-directed constitutional treatment Dr. Graves saw this lately well exemplified in the case of a young lady who had been under the care of an eminent London surgeon for many months, and from whose medicines she had derived no relief. She was the subject of a most disfiguring eruption, agreeing in character with the *lupus supiginosus* of late writers; it occupied sparsely the nostrils and cheeks, but on the forehead it formed an extensive group of sores. Some spots it left hypertrophied after healing, but in general its course was marked by white depressed seams. It had been the seat of constant irritation, which the patient could not avoid increasing by scratching during sleep, and consequently the surface of the face usually exhibited a number of bloody points, adding to its disagreeable appearance. The entire eruption healed after a six weeks' application of the gutta perche. and she is now—what she had not been for two years—free from any cutaneous irritation. Time alone can determine whether relief will be permanent; but there can be no doubt of the great value of the advantage already gained.

Dr. Graves observes that, in psoriasis and other chronic cutaneous complaints unattended with any constitutional derangement, it is of the greatest consequence to check the growth of each new spot. This the gutta percha does most effectually in psoriasis, and when applied daily to any recent points of irritation, it smothers, as it were, each nascent centre of future blotches.—*Dublin Quarterly Journal.*

Galactagogue and Emmenagogue Effects of warm and stimulating Applications to the Mammæ.—Dr. J. R. Cormack endeavors to establish (*Association Medical Journal*, March 25, 1853,) by the brief narrative of a few facts, the following propositions:—

1. Warmth and stimulants applied to the mammæ often act powerfully as *galactagogues.*

2. Warmth and stimulants applied to the mammæ often act powerfully as *emmenagogues.*

ness of the stomach; she was never vaccinated. On admission she had a good deal of fever of a typhoid type; the eruption had come out well, was confluent, and had completely covered her face; she complained very much of pain and itching of her face and head, which kept her from sleeping. The solution of gutta percha was applied as in the former case, and apparently gave her much relief, for she was easier afterwards and ceased rubbing and tearing her face in the manner in which she had been doing before. Wine was also freely used, as in Kenny's case.

May 22.—All trace of the disease has nearly gone, the crusts coming off in large pieces, and the remaining marks of the disease being very trifling when compared with the violence of the attack.

The same effect of the solution in keeping the face moist was also observed in this case as in the preceding.

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1. Warmth and stimulants applied to the mammæ often act powerfully as *galactagogues.*

2. Warmth and stimulants applied to the mammæ often act powerfully as *emmenagogues.*

3. The leaves of the bofareira (or ricinus communis) and jatropha curcas act as galactagogues and emmenagogues; but not from their possessing any peculiar or specific power.

1. *Warmth and stimulants applied to the Mammæ often act powerfully as Galactagogues.* CASE I. *Milk restored to the Mammæ by hot Fomentations.*—Last month, a lady, when nursing her infant, about seven months old, was attacked with acute bronchitis of moderate severity, which was successfully treated by low diet, and tartar-emetic in small doses. At the end of four days, the bronchitis was cured: but the milk, which had previously been failing, almost entirely left the breasts. On the fifth day, from exposure to cold, she experienced a relapse of the bronchial affection. As she had been considerably weakened by the previous attack, and as the symptoms of the relapse were not sufficently severe to justify recourse a second time to antimony, I ordered her to take a draught containing ammonia and chloroform, as an anodyne, expectorant, and diaphoretic, every eight hours; and to carry out similar intentions, I also directed a succession of pillow-cases, filled with heated moist bran, to be applied to the chest. When I saw her on the following day, after this treatment had been employed, she told me that she had profusely perspired for some hours; she was (after copious expectoration) free from cough, and pain in the chest; and, what was equally a source of pleasure and surprise to her, *her breasts had become distended with milk*. This lady was able to resume nursing, and to continue it with the assistance of a suitable diet.

CASE II. *Effects of a sinapism applied to one of the Mammæ of a lady five months advanced in Pregnancy: effects of warmth in the same case.*—A lady was under my care for bronchitis, at the same time as the patient whose case I have just sketched. She was directed one night to apply a sinapism over the sternum, which she did; but having fallen asleep, it slipped to the side, and remained undisturbed for about an hour upon one of the breasts. For some days, this mamma was very much larger in size than the other, and its areola was also much darker. From the delicacy of this lady, and the unusual severity of the weather, I directed her to wear a double flannel jacket, and a wadded wrapper round the chest. She tells me that

the breasts are larger, and the areolæ much deeper in color than they ever were in any of her ten previous pregnancies even at the full time; and these conditions were established while her general health was exceedingly depressed by illness.

CASE III. *Stimulating Embrocation increasing the Supply of Milk.*—A lady, though in excellent health, had a very scanty supply of milk for her infant, when it was a few weeks old; She consulted me as to the use of means to remedy this evil; and I advised her to rub the mammæ gently, every six or eight hours, with an embrocation containing a small quantity of tincture of cantharides and oil of thyme, and to sheath the mammæ very warmly in wadding *In a few days the milk was abundant.*

CASE IV. *Hot poultices keeping up the Secretion of Milk when this was not desired.* A lady suffered, after her confinement, from a succession of abscesses and abortive abscesses in the breast. The surgeon who attended her treated her by antiphlogistic medicines, under which discipline she passed some wretched months, from mental and bodily depression, aggrvated by hysterical attacks. The local affection did not seem to make any satisfactory progress; and the great obstacle to a cure was stated to be the impossibility of getting rid of the milk, in spite of saline purges being freely administered. The mammæ during the whole of the period to which I refer, had been ceaselessly treated, night and day, with hot poultices and medicated fomentations. These applications were abandoned, and a generous diet prescribed. *In a few days there was not a drop of milk in the breasts*; and the abscesses, actual and threatening, had ceased to give any pain, and had, in fact, almost disappeared.

I might refer to other cases, which I have vividly in my memory; but the above, which have occured within the last three months, seem sufficient to establish the first proposition; viz., that *warmth and stimulants applied to the mammæ often act powerfully as galactagogues.* I need hardly add, that along with the use of such means, the regular application of an infant to the breast would greatly assist in reproducing lactation, as, according to the testimony of various authors, this stimulus has of itself proved sufficient to restore the secretion of milk, and has actually caused it to flow, not only from virgins and other women

who had never been pregnant, but even from males.* Excitement and sanguineous turgescene of the gland is induced; and these conditions afford to the organ both a power and a stimulus to perform its previously dormant function.

II. *Warmth and Stimulants applied to the Mammæ, often act powerfully as Emmenagogues.* Warm clothing of the abdomen and limbs, hot hip-baths and medicines which stimulate the bladder and rectum (such as ergot, cantharides, and aloes), have undoubted emmenagogue powers in properly selected cases of retarded or suppressed catamenia; and, indeed, they constitute, in various combinations, the principle measures by which the physician usually endeavours to excite the ovarian nisus upon which menstruation depends. The observant physician knows well, that while his treatment is directed to the uterus through the ovaries, the effects produced upon the mammæ are generally very striking, and the first indications which he expects to find of the uterus being roused from its torpor are turgescence and tingling of the mammæ; phenomena which also usually precede normal menstruation. It is equally true, though not so familiarly understood, that measures which act directly and primarily upon the breasts, such as warm clothing to the bust, and the application of stimulants, not only cause them to swell and throb, but likewise stimulate the ovaries, and cause menses to flow. The practice adopted by some practitioners, of applying leeches to the mammæ in amenorrhœa, owes its efficacy to fomentations used, and the irritation of the bites.

In 1834, Dr. Charles Patterson published, in the *Dublin Journal of Medicine*, a paper in which he described the emmenagogue power of irritation of the mammæ by sinapisms. This paper fell into my hands at the time of its appearance, when I was an Edinburgh dispensary pupil, practising I believe, with more zeal than knowledge, and using, often with more confidence than discrimination, that plan of treatment which I had seen most recently or most enthusiastically recommended. In these circumstances, I successfully employed Dr. C. Patterson's method in

*Cases in which men have suckled children are on record. The essential character of the gland is the same in both sexes.

amenorrhœa. The beneficial results which I then obtained, produced a very strong impression upon my mind as to the efficacy of irritation of the mammæ in producing menstruation; and the experience of nineteen maturer years has confirmed this impression.

As Dr. Patterson's facts do not seem to be referred to by subsequent writers, and as the practice which he recommends is so little noticed by authors, I subjoin an extract from his paper. Dr. Patterson writes as follows:—

"Mary Reardon, aged 24, of moderately corpulent habits, was admitted into the Rathkeale Hospital on the 10th of August, 1832. She laboured under slight synochial fever, which in a few days yielded to venesection and purgatives. On the 19th of August, smymptoms which were considered of an hysterical character presented themselves, with pain in the upper and outer part of the right side of the chest. For the latter affection, a small sinapism was prescribed; but from inattention of the nurse, it was made so large that it covered a considerable portion of the mamma. The sinapism remained on for half an hour. At the visit on the following morning, the 20th August, Reardon complained that the right breast was exceedingly painful— the pain being very different in its character from that which she had before experienced. On examination, the whole side of the chest was found considerably swollen: there was slight diffused redness of the skin: and though the mamma itself was enlarged to four or five times its natural bulk, yet there was no circumscribed hardness, nor any tendency to suppurative inflammation. On the 21st August, the right mamma and adjoining parts of the chest were found much more enlarged than they had been at the preceding visit. The left mamma and side of the thorax were unaffected; and it was announced by the nurse that the catamenia had that morning appeared, and were then in considerable quantity. This discharge, which, as the patient stated, had been for two years and a half wholly suppressed, continued to flow for two days; then it began to decline, and with it the tumefaction of the mamma gradually disappeared."

Dr. Patterson's attention having thus accidentally been directed to mammary irritation as an excitant of the torpid uterus, he resolved to try its efficacy when a suitable op-

portunity presented itself. His next case is thus described:—

"Catherine Power, aged 19, applied to me on the 14th September, 1832. She complained of headache, languor, loss of appettie, and inability to attend to her usual business, that of a servant. She stated, that about the middle of April, the menstrual discharge being then present, she incautiously exposed herself to cold in washing clothes at the river. The catamenia then suddenly ceased, and had not since returned; and from that period she had been constantly subject to ill health. She had consulted different medical gentlemen, and taken a great variety of medicine, with little advantage. I directed that the clavicular half of the right mamma should be covered with a sinapism. It was allowed to remain on for thirty minutes; and on visiting her in six or seven hours after its removal, I found the whole right breast considerably swollen, hot, and painful. The next morning, the enlargement of the mamma was very much increased, the tumefaction having extended to the clavicle and axilla of the irritated side. There was no hard circumscribed or prominent tumour, but a painful, diffuse, elastic distension of the mammary gland, and surrounding cellular substance. On the evening of the day next succeeding the application of the sinapism, this poor girl with much joy reported that the catamenia had appeared. The flux having continued for two or three days in moderate quantity, she then found herself greatly relieved of the headache and other most distressing symptoms; and in a week her health was so far restored, that she ceased to require any farther attendance."

I am disposed to regard irritation of the mammæ as a convenient and rapid agency for the induction of menstruation; but one which must neither be rashly nor indiscriminately employed. In numerous cases it may be used alone; but, generally speaking, it may be advantageously combined with other means.

In cases of acute suppression of the menses, I am in the habit of prescribing, along with sinapisms to the mammæ, warm clothing of the bust and limbs, and the hot hip bath every twelve hours.

In anæmic amenorrhœa, it need hardly be stated, that irritation of the mammæ is only calculated to do good in

conjunction with, or after a course of, a metallic medicine, such as some of the preparations of iron, manganese, or arsenic. In such cases, where we can trace a monthly ovarian nisus, though there be no catamenial flow, these periods should be seized as the appropriate times for using the sinapisms, and then also we may sometimes, by venturing a few doses of forcing medicine, such as cantharides and ergot, bring the case at once to a favorable issue.

The emmenagogue effects ascribed to the application of the leaves of the ricinus communis, by Drs. McWilliam and Tyler Smith, can easily be understood, when we remember their irritative character, and the consequences which we have found to be induced by irritation of the mammæ caused by other stimulants.

"When the breasts," says Dr. McWilliam, "are small and shrivelled, the plant is said to act more upon the uterine system, bringing on the menses if their period be distant, or causing their immoderate flow if their advent be near."

In the subjoined case, related by Dr. Tyler Smith, the effect produced may have been owing partly to the application to the breasts, and partly to the application to the genitals.

"I have used," says Dr. Tyler Smith, "the remedy in a case of scanty menstruation of a remarkable kind. Owing to exposure to marsh malaria some years ago, the patient had scarcely a sign of coloured discharge at the usual catamenial periods. She used the infusion of the leaves of the red bofareira at the date of her period, applying the infusion and leaves to the breasts, and the vapour to the genitals, with the effect of producing, in two days, a considerable flow of the catamenia."

III. *The leaves of the bofareira do not produce their Galactagogue and Emmenagogue Effects in virtue of any specific Property.*—The facts which have been already cited, point out pretty plainly that the effect of the leaves of the bofareira does not depend upon any specific property possessed by them; but simply on the determination produced by warmth and the irritative juices which they contain. That a good deal depends upon the mere warmth of the poultices, is sufficiently obvious. I have seen frequent examples in my own practice. I will not, however, enter into the particulars of these cases; but will con-

clude by mentioning two circumstances which thoroughly corroborate this view.

In the *Boletin de Medicine, Cirujia y Farmacia* of 14th November, 1852, a short abstract was given of Dr. McWilliam's paper. In the same journal of the 19th December following, a correspondent writes to say, that in consequence of the notice which had appeared of Dr. McWilliam's paper, he had used fomentations of fig-leaves *(hojas de higura)* to promote the secretion of milk in three cases, in which it had wholly or nearly ceased. In all the cases the benefit was decided. The Spanish practitioner wrote to confirm the practice recommended by Dr. McWilliam; but he has in reality, by using the wrong leaves, shown very clearly the galactagogue effects of poultices and fomentations, even when destitute of stimulating properties. I may likewise here state, upon the authority of a Spanish lady (with whom I conversed on this subject a few days ago), that in Cadiz, women are in the habit of bringing back the milk to their breasts after it has left them in consequence of weaning the child, or of any other cause, by means of drinking an infusion of the wild lupin *(altramuz)*, and applying to the mammæ fomentations made with the same plant. This plant has no stimulant or irritative quality, and the efficacy of the poultices made with it must, as in the case of the fig leaves, depend simply on heat and moisture, as in a common poultice. The internal use of the infusion might be dispensed with.—*American Journal Medical Sciences.*

Further Researches on the Pathology of Phlegmasia Dolens. By ROBERT LEE, M D., F.R.S. At a late meeting of the Royal Medical and Chirurgical Society of London, Dr. Lee read a paper on this subject. The author commenced his paper by observing that it was not till the publication of the memoirs of M. Bouillaud, M. Velpeau, and the late Dr. Davis, that the true nature of this disease was known. Up to this period various hypotheses had been advanced respecting the cause of the swelling in the lower extremities of puerperal women—mere speculations unsupported by facts; but the cases and directions of the authors just enumerated demonstra-

ted that the true nature of the disease consisted in an inflammation of the trunks and principal branches of the veins of the lower extremities. In papers by the author, published in the fifteenth volume of the Transactions, the actual condition of the iliac and femoral veins was ascertained, and he has been led to infer that inflammation of the veins gave rise to all the phenomena in puerperal women of phlegmasia dolens, and that it commenced in the uterine branches of the hypogastric veins, and subsequently extended from them into the iliac and femoral trunks of the affected side. Other cases had been recorded in the Transactions, of crural phlebitis following ulceration of the mucous membrane of the intestines. Experiments performed by Pirigott, in 1839, and by Reumert, in 1840, on dogs, showed that the action of chemical and mechanical irritants was limited to the vein on which the experiment was made, and the extension of the inflammation in the veins was not common; and Stanius, who had collated and tested all the facts bearing on the subject, doubted whether inflammation of venous trunks admitted of being excited by constitutional causes, independently of local irritation. A series of experiments on the veins of the lower animals, similar to those just mentioned, had recently been made and a paper on phlegmasia dolens had been read to the Society during the present session, not founded on actual observation of the disease as it occurs in the human subject, but upon experiments on the veins of the lower animals in which phlegmasia dolens had never been observed. The object of the present communication was to submit to the Society the observations which the author had made during the last twenty-four years in inflammation of the crural veins. The paper contained the record of forty three cases of phlegmasia dolens. The first nine cases were accompanied by post mortem descriptions, and preparations illustrating the disease; and the author was led, from the whole of the facts thus adduced, to the conclusions he had formerly expressed, "that inflammation of the iliac and femoral veins gave rise to all the phenomena of phlegmasia dolens, and that the inflammation commenced in the uterine branches of the hypogastric veins, and from them extended to the iliac and femoral trunks of the affected side." The next series comprised the history of

twenty cases, which the author thought furnished additional evidence in favor of this conclusion, though, in consequence of the recovery of the greater number of the patients, an opportunity was not afforded of determining by dissection the actual condition of the crural veins. Nine cases followed, which demonstrated that phlegmasia dolens might occur wholly unconnected with pregnancy and parturition, and that in such cases the inflammation likewise commenced in the uterine branches of the hypogastric veins, and followed a course similar to what occurred in puerperal cases. In some of these the inflammation of the uterine veins was produced by cancerous disease of the os and cervix uteri; in others there was no organic diseases of any kind previously existing. The concluding cases were five, in which crural phlebitis had followed inflammation of the saphena veins, and of the deep veins of the lower extremities from fracture of the tibia and fibula, and the pressure of encephaloid tumors on the thoracic viscera. The author thought that these cases and dissections, as well as those of the distinguished authors whom he had quoted, proved in the most conclusive manner that inflammation of the iliac and femoral veins was the proximate cause of phlegmasia dolens, and that in puerperal women this inflammation commenced in the uterine branches of the hypogastric veins. It had likewise been demonstrated by morbid anatomy that phlegmasia dolens was a disease which might take place in women who had never been pregnant, and even in the male sex, and that, under all circumstances, the approximate cause was the same.

Dr. Mayo inquired if, in the cases of phlegmasia dolens recorded by Dr. Lee, any peculiarity antecedent to the inflammation of the veins had been noticed?

Mr. Streeter asked if Dr. Lee had statistical information to give respecting the comparative frequency of the disease?

Dr. John Clark inquired if phlegmasia dolens, in the common acceptation of the term, and independent of other disorders, was always the result of inflammation of the veins. He thought the disease generally was very mild, and, in the experience of writers on the subject, not a fatal one.

Dr. Mackenzie said, that in the discussion of such questions as that which is now before the society, it appeared to be important to distinguish between the facts which are alleged and the conclusions which are drawn from them. Now, in the present case, the facts alleged are that certain lesions of the crural veins are developed in the progress of phlegmasia dolens. The conclusions are that such lesions constitute the essence or proximate cause of the disease. He (Dr. Mackenzie) assented fully and entirely to the first of these propositions, whilst he dissented as fully and entirely from the latter; and as he was unwilling to enter upon the discussion of this question in a controversial spirit, he would make no reference whatever to the investigation which he had lately submitted to the Society on the subject of this disease, but would confine himself to a statement of such facts as were known to the profession, which appeared to him to be opposed to the theory of the disease which had been affirmed by Dr. Lee. The disease known as phlegmasia dolens was a very complex malady. It was one which was characterized not only by a morbid condition of the veins, but by a morbid condition of the sensory, the motor, the lymphatic, and the secretory organs of the affected extremity also; and, accordingly, in all well-marked cases of the disease there was exquisite sensibility of the limb, especially in the track of particular nerves, loss of motor power, amounting sometimes to perfect immobility of the extremity, inflammation and obstruction of the lymphatic vessels and glands, and a general hot, tense, and elastic swelling of the limb, not simply arising from œdema, but possessing rather the character of active exudation than of passive effusion. Now, could all these lesions depend upon or be deduced from mere inflammation and obstruction of the principal vein of the extremity? Were they ordinarily observed in cases of simple uncomplicated phlebitis? Or, if not, was there any thing in the anatomical or physiological characters of the veins to justify our deducing *à priori* from it? And if we replied to these questions, as he submitted that we must, in the negative, he should ask whether those who adopt this theory have undertaken any particular investigation for the purpose of determining this point? Or, in other words, have they reproduced the lesion of the

veins in a simple, uncomplicated form, and observed such consequences to follow. Now, to these questions we must also reply in the negative, and it must be added that the whole matter rested purely on assumption. It had been assumed that because the crural veins were found obviously diseased in fatal cases of phlegmasia dolens, such lesions constituted the proximate cause of the disease. No further steps had been taken to establish the truth of this doctrine, and that, therefore, had been taken as a matter of assumption which ought to have been made a matter of demonstration. Further, he would observe that the clinical history of the disease and the progress of symptoms did not support this theory. It was quite true that in some cases the first irritations commenced in the region of the femoral vessels, but in others it was far otherwise; in some they commenced in the back, in others in the hip, sometimes in the calf of the leg, and more frequently in the popliteal region. Again, one leg might be affected alone, or both concurrently; or the disease, after having attacked one, may pass on to the other, or a superior extremity might be affected; and he had lately met with a case in which, after symptoms of the disease had successively declared themselves in the left lower and upper extremities, the malady ultimately established itself in the right arm, the whole right upper extremity being hot, swollen, and tense, the surface exquisitely painful, with loss of motor power, and a tense, corded condition of the basilic vein. Now, it appeared to him that these facts were inconsistent with the theory that the proximate cause of the disease was essentially inflammation of the crural veins. They pointed to the existence of some more general and diffusive cause, in regard to which it was probable that phlebitis itself was but a secondary affection. Again, he would point to the general experience of the profession as being opposed to this theory. It was now upwards of thirty years since it was first promulgated by his friend and teacher, the late Dr. David Davis; and although the facts upon which it rested were well known, it was yet very far from being generally adopted. Thus, in this country, Dr Burns affirmed that the nerves were as much affected as the veins. Others regarded the lymphatic vessels as being principally affected; while many, dissatisfied with these restricted views

of the pathology of the disease, preferred the theory of the late Dr. Hull, that it consisted in a general inflammation of the several organs and structures of the affected limb. So again, on the continent, the greatest difference of opinion existed respecting its nature and pathology; and whilst many affirmed that it consisted essentially in inflammation of the lymphatics, and others that it was a specific inflammation of the cellular tissue, nearly all agreed that in its general characters it differed widely from ordinary phlebitis. Now, this diversity of opinion existed notwithstanding that all were aware of the facts upon which the phlebitic theory of the disease rested, and it afforded a powerful argument against it, because it tended to show that when tested by general experience, and considered irrespectively of particular facts, and free from bias, it failed to account rationally for all the known phenomena of the disease, and consequently could not be regarded as its proximate cause. Then in the sequela of the disease, circumstances are met with which are inconsistent with this theory. We know, for instance, that after an attack of the disease, the crural veins were generally left impervious or obliterated, and yet it would happen that successive attacks of the disease might occur in the same extremity. Now, if it was true that the first attack left them in the condition described, it was difficult to understand how, having functionally ceased to exist, they could again take on functional activity, and become the seat of active inflammation. So also it happened after an attack of the disease, that the limb would be left for many years, or even for the remainder of life, in a weak, sensitive, and irritable condition, being easily affected by atmospheric and constitutional influences. It was easy to reconcile these facts with the notion that the nerves had been injured or damaged by the attack, but not with the idea that the veins alone had been affected. On all these grounds, then, it appeared to him (Dr. Mackenzie) that the phlebitic theory of the disease was either defective or erroneous. But assuming for a moment that it was correct, he would yet observe that it left much which was still to be explained. We had yet to learn the nature of that peculiar inflammation of the veins which was so exceptional and so different from ordinary phlebitis. Did it depend upon some peculiar disposition on the part of

the venous coats to take on diffu-ive inflammation, or did it depend primarily upon the blood? If we adopted the first of these theories, we were bound to state the nature of the peculiarity, and the laws of its development. For to be satisfied with merely giving it a name, and to speak of it as a "specific" inflammation, was not to advance our scientific knowledge, but rather to take refuge, or to hide our ignorance under the shadow of a name. If, on the other hand, we accepted the latter view, and regarded the venous inflammation as dependent upon some morbid condition of blood, then, indeed, we might reasonably account not only for the peculiarities it presented, but for all the several lesions of other organs, and the structural changes with which it was associated. Upon this view, also, we might reconcile the conflicting opinions respecting the nature of the disease which had been held by different pathologists, and the variations which it manifested in its symptoms and progress in different cases. But in accepting this view we must forego the theory that the phlebitis was the proximate cause of the disease, and regard it, as it really was, as a secondary rather than a primary phenomenon; related to the other lesions of the extremity not so much in the order of cause and effect, but as being like them a parallel effect of some more general and diffusive morbific agent.

Dr. Lee, in his reply, entered into the literary history of the disease under discussion, from the time of Mauriceau to the present. He particularly dwelt upon the facts originally published by the late Dr. Davis, and showed at great length his (Dr. Lee's) own labors in this disease. In answer to Dr. Mayo, he said that there were no antecedent symptoms calling for any treatment. He knew nothing of the comparative frequency of the disease. In respect to the views advanced by Dr. Mackenzie, he could only say that whilst he (Dr. Lee) admitted that there might be a blood disease present, it was consecutive to the inflammation in the veins. That inflammation was in reality the proximate cause of the disease. The scalpel had shown this; he thought that was sufficient, and could not understand what further was required.—*London Lancet.*

Medical Properties of Ox Gall.—We then propose to treat those affections arising from deficiency either in quality or quantity of the bilious secretion, by administering that which will prove, as we think it will in many instances, a substitute for it. If we may believe the testimony of several distinguished medical philosophers and practitioners who have used the ox bile in dyspepsia, and in its almost infinite variety of attendants, we will be fully convinced of its great utility. It generally corrects the acidity of the stomach and consequent headache which so often harass dyspeptic persons. Its alkaline properties seem to counteract the acid, and thus remove all the symptoms depending upon it. Cases are mentioned, upon the highest authority, in which the patient, after resorting to every article in the list of cathartics, in order to remove the constipated habit so frequently attending dyspepsia, have received permanent relief from the use of the inspissated ox gall. It has been used in cases in which the blue pill was inadequate to the purpose of producing any but the most transient effect, and in which all purgatives would leave the bowels in the same, if not a worse, condition than that in which they found them. The patients were compelled to linger on for three or four years, being almost daily under the painful necessity of taking cathartics, which would produce much griping and general uneasiness after taking them. Under these perplexing circumstances, the article to which we have called attention, has been administered in the form of a pill with the happiest effect. One of these pills—5 grs.—has been given every three hours, and at these rates they scarcely ever fail to produce, in less than twenty-four hours, full stools of natural consistence, and that, too, without any pain whatever attending their operation. After taking one of these pills twice or thrice per day for five or six days, the acidity almost always leaves the stomach, also the headache subsides, and the bowels resume their natural and healthy condition.

The first instance in which I have used the inspissated ox bile, was in the case of Mr. R , aged 25 years, an intelligent young gentleman of my acquaintance, who had been laboring under dyspepsia, attended with slight hypochondria and the most obstinate constipation. He

was of a delicate, nervous temperament, and much given to sedentary habits. He was very much troubled with pain in his stomach and bowels, accompanied with dizziness in the head. The bowels would remain without a motion for a whole week unless a purgative was taken, in which instance an unusually large dose was required, and the pain attending its operation was represented as being dreadful. The stool was hard, and of a light or brownish color. I might mention, also, that there was a sense of weight in the right hypochondriac region, sometimes amounting to downright pain. He remained in this condition for several years, when he was compelled to give up his avocation—school teaching—and turn his whole attention to the malady which was preying upon his system. All the cathartics were tried that seemed to promise any good in removing the costiveness, which was the most troublesome symptom in the case. He would use one article—for instance, Rhubarb—until the system lost its susceptibility of being acted upon by it, and then he would resort to another with the same result. Thus he continued up to the summer of 1849, when I commenced treating him with the inspissated ox bile. On the day that I gave him the first dose, he had had no motion of the bowels for four days. In the afternoon of that day he took two [10 grs.] pills, and repeated in four hours. The last dose was shortly afterwards followed by a full, soft and *painless* stool, to the great joy and satisfaction of the patient. He continued to take a pill, night and morning, until the most complete regularity of the bowels was established. The pain of the stomach and bowels entirely subsided, and his general health became much improved. He is almost of opinion that the *Fel Bovinum* is a specific, and prepares it himself, to use as occasion may require. This is only one of the many instances of the kind which could be mentioned, in which I have used this article with the most satisfactory results.

I shall mention another case, which is of a somewhat different class of patients, who have been signally benefitted by the remedy under consideration. Mrs. ——, aged about 22 years, light complexion and medium size. Was a resident, up to the summer of last year, of the State of Mississippi. She is slightly hysterical, and has been for years affected with costiveness to such an extent as to be

under the necessity of taking physic every few days. Large doses were required, which, after a painful operation, left the bowels in their usual condition. She was somewhat chlorotic, and frequently suffered from what she called "fainting spells," which were very unpleasant indeed. After I had administered in this—as in the first mentioned—case, ordinary cathartics, with but temporary effect, I resorted to the inspissated ox bile. I evaporated the gall to the consistence of thick tar, and then brought it to the consistence of pill mass by the addition of the precipitated carbonate of iron, on 5 gr. pill of which was given three times per day, with the effect of establishing perfect regularity of the bowels. I had one pill taken daily for two months, and we had the satisfaction of seeing the complexion of the patient assume a more ruddy and healthy appearance, the fainting fits reduced in frequency, and the strength improved. It would be well to state that in this case, after about one month, the use of the inspissated gall and iron pills were suspended every other night, in order to admit of the administration of a small dose of taraxicum, for its alterative and tonic effect.

This article is of undoubted utility in cases of children laboring under diarrhea, where the stools are light colored, indicating a lack of the normal quantity of bilious secretion in the system. The well known power of bile, whether human or not, of preserving milk from coagulation has suggested the idea of using it in cases of infants upon whose stomachs the nurse's milk curdles, producing vomiting and irritability of that organ. This practice is said to be very satisfactory by those who have ample opportunity of testing it in such cases From the established fact, also, that a solution of gall, when poured even in very small quantities over hardened feces which have been voided from the body, reduces it to a soft, pulpy consistence. it has led the inductive medical practitioner to use it as an injection where the rectum is filled with impacted feces. I have used it with good effect in a marked case of this kind. We very plainly see that the mode of operation of this medicine is the same within as without the alimentary canal. Its contents are softened, thus enabling the natural peristaltic action to propel them onward. We can in this way account for their *painless*

operation, while those remedies which act merely by increasing the peristaltic motion produce such great pain. It may be urged that this medicine will prove insufficient from the fact that constipation is but a *symptom* of an unhealthy condition behind it; but whilst this may be true, it will be well to recollect that when constipation is once established as a secondary effect it has a baleful reaction upon the system, and we think that if this symptom be attended to, the first link in the chain of morbid action will often disappear of itself.—*Ohio Med. and Sur. Jour.*

On the Treatment of Ascites by Iatra-peritoneal Injections. By. M. VELPEAU.—A question of great importance from its novelty and the limited number of statistical data which we as yet possess to test its validity, and cases to which it may be curatively applicable, is the late treatment of ascites by iatra-peritoneal injections of iodine. The use of iodiuretted injections, first introduced into practice by M. Velpeau, in the treatment of hydrocele, has proved their utility in the removal of serous effusions, and their superiority over various injections; and seems on the eve of becoming generalized as a treatment applicable to all serous effusions of a chronic character. One would *à priori* think that the startling proposition to inject a fluid so irritant as the tincture of iodine into the cavity lined by so extensive and delicate a membrane as the abdominal, would never be tried; we would at once anticipate, as the direct and inevitable consequence, a general and fatal peritonitis. Yet since facts are beginning to multiply on this subject, although they do not prove the utter harmlessness of the procedure, they demonstrate the radical cure of cases wherein all other treatment had failed; objections, however plausible and urgent they may theoretically appear, must give way to experiments and facts. As a matter of course, this treatment cannot be applicable to all cases; as yet, statistical observation has not been sufficiently extended to point out accurately those cases to which this mode of treatment might be specially applicable. Ascites being but a symptom various are the organic lesions of which it is the effect; diseases of the heart, especially of its right

chambers, offering impediments to the ingress of venous blood; diseases of the liver, particularly those causing atrophy of its tissue, interfering with venous return, as cirrosis; diseases of the spleen, especially those of a miasmatic nature, the sequela of protracted intermittents, and renal diseases; where the dropsy is a consequence of cardiac and renal disease, it is of a general nature. I do not believe that ascites, the consequence of those organic lesions, can receive any benefit from iodureted treatment, inasmuch as the cause is usually irremediable and permanent, and therefore so must be the effect. Yet there are unquestionably cases of ascites, which might be designated simple, as that resulting from general anemia; that the effect of a peritonitis, acute or subacute, where the inflammatory peritoneal action having subsided, the serous effusion yet remains, and that sometimes after all treatment for its relief had proved nugatory. In the former of these cases, where a well tried tonic treatment with chalybeates shall have failed associated with drastic and saline cathartics and diuretics, the injections of iodine may succeed, as also in ascites, the result of an acute or subacute peritonitis; here inflammatory action may have been completely subdued, and we have to do with its consequences, its effused products. In these cases, as well as in ascites, the result of prolonged and invincible anemia, it would seem, in the generallity of cases, that the pathological action which maintains the dropsy is merely the predominance of exhalation over absorption, there being probably no organic alteration persisting otherwise to account for its continuance; here I can see from the analogy of its action in hydrocele, that from iodureted injections, a new action being originated in the peritoneal surface, an impetus is given to absorption, gradually the effused fluid observed, exhalation by the same rests in abeyance, and thus an equilibrium being established between exhalation and absorption a radical cure is effected. The opinion that the irritant influence of iodine necessarily produces, when injected into the abdominal cavity, an extensive and fatal peritonitis appears to be more apparent than real. In corroboration of the truth of this statement I herewith furnish you some interesting facts, taken from published cases, treated

in Hotel Dieu, of Lyons, by M. Teissier, one of the attending physicians.

"I have practiced," says he, "up to the present time, the intra-peritoneal injection of iodine upon six female patients affected with ascites. Of this number, two have been cured; with the third, the result is yet uncertain, because the injection is recent; but there have been no accidents, and the consequences of the injection are to the present moment favorable; with two others, the operation has been *innocent* though *unsuccessful*, the ascites having been reproduced a short time after; with the sixth patient, symptoms of peritonitis rapidly followed, and the patient died in forty eight hours. In this fatal case I had to do with a young woman, twenty-two years old, in the last stage of scrofulous cachexia, and whose case offered no chance of success by any other method. Thus: two patients cured, their ascites having resisted all ordinary means — purgatives, diuretics, vesicatories, mercurial ointment; one patient, result doubtful; one operation perfectly *innocent* but *unsuccessful;* one operation followed by death. I ought to say, in this last operation, it was impossible to make the injection run out after having been thrown in. The injection in these cases was composed of iodine, iodide of potassium, and water. It appears, then, evident to me that this operation is destined to render great sesvice, but it will not always be innocent. MM. Gromier and Teissier."

The paragraph which concludes these statistical results of MM. Gromier and Teissier, in my estimation, imports the true appreciation which should be accorded to the use of these injections in cases of confirmed and invincible ascites. In the last case of M. Teissier the ascites may have been the consequence of a tubercular peritonitis, as he remarks that the patient was in the last stage of scrotulous cachexia, though he makes no mention of this lesion as being the dropsy. These injections of iodine have been successfully used in certain cases of ovarian dropsy, as the unilocular orm, and have been advised, as you are aware, in chronic and invincible diseases of joints, particularly in chronic synovitis — *Dr. E. F. Smith, European Correspondent of St. Louis Medical and Surgical Journal.*

THE WESTERN JOURNAL.

THIRD SERIES.—VOL. XII.—NO. III.

LOUISVILLE, SEPTEMBER, 1853.

THE WEATHER AND DISEASES.

The summer just ended will be long remembered by the citizens of Louisville, as one of the hottest and most healthy that ever passed over them. It would be difficult to find a community in the same latitude numbering so many people where there have been so few cases of sickness as our city has afforded in the last three months. We have spoken heretofore of the temperature of June. July was a temperate month; but during the first half of August the heat was as intense for a few days as it was in June. The thermometer rose to 98° and 99° in the shade. The rains have been seasonable, and on the 7th of the month the city was visited by one of the heaviest showers that we have ever seen fall.

In connection with this unusual salubrity, we ought not to fail to record the fact, that fruit, in all its varieties, has abounded and been consumed by our citizens to an extent never before exceeded. The smaller fruits early in the season, and since then peaches, plums, pears, apples, and melons have been brought to our markets in the greatest profusion. If the old prejudice still lingers in the mind of any one that "fruit years are years of sickness," the experience of the present season must dissipate it. Certainly, no one can ever hope to see Louisville more exempt, in summer, from fevers and affections of the bowels than it has

been for months past, and certainly fruit is not likely ever to be more abundant. We feel a peculiar pleasure in stating these facts. There is still a lurking apprehension in the public mind, that fruit is one of the causes of sickness; and a more unfounded prejudice, we are convinced, does not exist. Fruit is eminently conducive to health. Its culture ought to be encouraged by every friend of his race.

While instances of *coup de soliel* have been so frequent in the city of New-York, scarcely one has occurred here. Probably the following, for the particulars of which we are indebted to our friend, Dr. D. J. O'Reilly, was a case of the kind:

"D. Curran, aged 45 years, employed as a laborer in hoisting cut stone upon a building in this city, was taken suddenly ill at his work, on the afternoon of July 29th, and was conveyed to his residence in a state of extreme prostration. I was immediately called upon to visit him, and found him exhibiting the following symptoms: Face slightly flushed and covered with a cold perspiration, pulse irregular, soft and easily compressible. average beat at the wrist about 95, tongue moist and coated with a light white fur, stomach irritable, with frequent but ineffectual efforts at vomiting, bowels regular, respiration from 25 to 30, cramps in the flexor muscles of the extremities but more especially in one of the legs, mind wandering, occasional muttering delirium, during which the patient seemed to be engaged in his usual avocation, and to converse with his fellow workmen. From all the symptoms I concluded to treat the case as one of nervous irritation, rather than one of active venous congestion of the brain or its membranes, and administered stimulants, and narcotics, combining the latter with a moderate dose of calomel. The medicine seemed to operate in the most favorable manner during the night, and next morning I ordered a mild cathartic, with the effect of producing moderate purgation, after which the patient continued to improve and was able to resume his work in the course of three or four days, but was again attacked, in the same manner, on the evening of the 13th of August, and expired before he could receive any medical aid.

His friends would not permit a post mortem examination."

PROFESSOR SILLIMAN.

Professor Silliman, Sen., having resigned his professorship of Chemistry, Geology and Mineralogy in Yale College, is succeeded by his son, and his son in-law, J. D. Dana, the former in the chair of Chemistry, and the

latter in that of Geology and Mineralogy. This announcement, which has been extensively made, has created the impression that Prof. Silliman, Jr., has resigned the chair of Chemistry in the Universtty of Louisville. Such is not the fact. Prof. Silliman will deliver the Chemical Course in this institution, as usual, during the approaching winter, and will be in Louisville in time to give some lectures in the preliminary Course, which is to commence in October. No change in the organization of the Faculty has taken place during the present year, and we are happy to say, none seems likely.

NEW MEDICAL JOURNALS.

We have three new medical journals on our table, of which the following are the titles: "*The Medical Reporter*; a quarterly Journal published under the direction of the Chester and Delaware County Medical Societies;" "The *Iowa Medical Journal*; conducted by the Faculty of the Medical Department of the Iowa University;" and the *Peninsular Journal of Medicine and the Collateral Sciences;* edited by E. Andrews, A. M., M. D., Demonstrator of Anatomy in the University of Michigan."

The first of these is an emanation of medical societies and will consist of their transactions. The editors remark, that "within the bounds of the two societies, a great many interesting cases of disease are lost to the professional reader, for the want of a more convenient opportunity of publication. To record these cases—to circulate biographical notices of those deceased physicians who have acquired among us a reputable standing in the profession—to foster a more general interest in the dissemination of medical science, and to stimulate and bring into fuller action the medical talent within our limits, are the principal incentives to the publication of this Journal."

The editors of the others enter upon their task with zeal, relying upon their professional brethren for contributions. We hope they may succeed in stimulating their brethren to write, and if they do, they may esteem themselves fortunate. The great difficulty in the way of successful journalism in our country, is the want of writers in proportion to the number of our publications; and the result is that we are driven to the necessity of filling our monthly issues with extracts from one another. It must be curious to those who have access to all our medical journals to remark

how often the same article reapperes. This would be well enough if the readers of one journal saw no other, but where one happens to be a reader of two or three this repetition must become irksome.

EPIDEMICS—CIRCULAR.

Dr. W. L. Sutton, Chairman of the Committee on the Epidemics of Kentucky and Tennessee, respectfully tenders his thanks to those physicians of the two States who were so kind as to furnish materials towards making out the report for 1851 and 1852, to-wit:

Dr. F. A. Ramsey, Knoxville, Dr. Lewis Shanks, Memphis, Dr. B. B. Lenoir, Roane Co., Dr. Geo. R Grant, Memphis, Dr. E. B. Haskins, Clarksville, Dr. J. V. W. Conn, Pelham, Dr. W. W. McNelly, Fayettville, Dr. Thomas Lipscomb, Shelbyville, Tennessee; and Dr. Jno. Swain, Ballardsville, Dr. B. F. Stevenson, Burlington, Dr. A. W. Newton, Boone Co., Dr. Jno. Sutton, Dr. H. C. Catlett, Dr. ——— Alexander, Hickman Co., Drs. Evans and Chambers, Covington, Dr. S. G. Ray and Son, Paris, Dr. Joseph Smith, Danville, Dr. W. R. Chew, Midway, Dr. J. V. Withers, Brandenburg, Dr. S. T. Newman, Richmond, Dr. A. Addams, Cynthiana, Dr. N. G. Dille, Harrrison Co., Dr. Jos. H. Hawkins, Colemansville, Dr. G. Hurt, Prestonsburg, Dr. James Armstrong, Liberty, and Dr. J. L. Ford, Brownsville, Kentucky.

It is earnestly hoped that all these gentlemen will continue their favors, and that others, *many others*, will imitate their praiseworthy example and furnish the result of their observation, upon such epidemics as may prevail during the next *four years*, in their respective neighborhoods

Dr. Sutton would respectfully state that all communications will be thankfully recieved at any time; but if they could be furnished by the first of April, the obligation would be greatly enhanced. Last spring, several very valuable papers came to hand after the report was thought to be finished, and one after it had been sent on to the Medical Association. *Verbum sat.*

Georgetown Ky. Aug. 5th 1853.

OVARIOTOMY.

We learn from Dr. Bradford that, besides the interesting case which is reported in our present number, he has operated successfully in other cases of ovarian disease. Dr. B., we hope, will soon communicate these to the profession. The Committee on Surgery of the Kentucky State Medical Society would be obliged to him for a report of his cases.

A NEW WORK ON ANATOMY

A work on Anatomy will soon be issued by Lippincott, Grambo and Co., from the pen of Tobias G. Richardson, M. D., Demonstrator o Anatomy in the University of Louisville. From the labor bestowed upon it, and the complete mastery of his subject possessed by the author we look for a work of uncommon accuracy and excellence.

ESSAYS AND ADDRESSES.

A number of excellent essays and addresses have accumulated on our table, of which we would be glad to speak at length if we had the leisure and room. As it is, we can only notice them very briefly.

"*Essays on Asylums for persons of unsound mind,*" is the title of a neat pamphlet, by Dr. John M. Galt, of Williamsburg, Va., which has passed to a second edition. Dr. Galt feels a noble enthusiasm in the cause of the insane which, for many years, has engrossed his thoughts and time, and in these essays he submits the results of his experience and inquiries in regard to the retreats for this unfortunate class of our species. Their wide diffusion would be a public benefit.

"*Respiration subservient to Nutrition.*" A thesis, by E. Leigh, M. D., of Townsend, Mass., bears this title. It is well written, and the argument is ingenious. The purpose of respiration, he attempts to show, is not so much to maintain animal heat as to complete nutrition. There is no doubt the objects of respiration are manifold, and that one of them relates to the last named function. It is a matter of common observation, that animals with large chests are those most remarkable for the activity of the nutritive process.

"*An Essay on the unity of Disease,*" read by Dr. H. Backus, before the Alabama State Medical Association, evinces thought and reading and is calculated to promote inquiry.

Dr. J. B. S. Jackson, of Boston, has favored us with a copy of his admirable address on *Morbid Anatomy*, delivered before the Massachusetts Medical Society. The author shows himself at every step master of his subject, and the reader who does not lay down the address with a feeling that he has been instructed by its perusal, must be an adept in such studies.

Dr. John W. Richardson, of Rutherford, Ten., pronounced an eloquent address to the graduates of the University of Nashville, which has

been published. Few men are better qualified than Dr. R. to treat of the "difficulties and responsibilities of the Physician," which is the subject of his interesting address.

"*Retrospective, Perspective, and Prospective View af Medicine.*" An address delivered before the Tennessee State Medical Society, by Dr. John M. Watson, of Nashville, bears the above title. Dr. W. reviews the progress of medicine, examines its present condition, and shows that it has made great advances. His address contains some fair hits at quackery and many just sentiments.

CHOLERA.

Cholera was reported to be prevalent in Cumberland, Md., some time since, but a few days ago we saw a statement that a number of the physicians of that town denied that the disease was cholera. Our impression is that this will turn out to be the fact. Certainly the complaint is not prevalent in any other part of our country, and our belief is that it as dissappeared from the united States for the present.

RECEPTION OF DR. MARSHALL HALL BY THE BUFFALO MEDICAL ASSOCIATION.

Our brethren of Buffalo gave the eminent physician, Dr. Marshall Hall, a handsome reception, a description of which we find in the last number of the Buffalo Medical Journal.

The occassion of Dr. Marshall Hall's visit to Niagara Falls was seized upon by the Buffalo City Medical Association, to invite him to Buffalo, and to tender to him such a tribute of respect, as his eminent talents as a physiological discoverer merited. It was very sensibly decided to have no speechmaking or glorification, but to conduct the affair in such a quiet way, as would be pleasing to a sensible and modest man like Dr. Hall.

Accordingly, on the 7th of July ult., Drs. Hamilton and Strong, were sent to Niagara Falls as a committee of escort; Dr. Hall having previously accepted the invitation of Dr. Wilcox, the prsident of the Association. On the evening of the same day the Association met at the house of Dr. Austin Flint, who introduced the distinguished guest to the President and members, with a few remarks on the services rendered by Dr. Hall to the profession, and to humanity.

It having been decided to devote the evening to Medical inquiry, and to the repetition of those experiments upon which Dr. H.'s theory of

nervous action was based, (the association deeming such an expression of appreciation as a higher compliment than any mere rhetoric,) Dr. Hall proceeded to perform a series of most interesting and conclusive experiments upon sundry of those scientific martyrs—speckled frogs. We are sure that our readers will not object to a brief report of Dr. Hall's experiments and remarks.

First severing the spinal marrow at its junction with the medulla oblongata, he laid the reptile upon the table to all appearance dead. Irritation of the peripheral extremities of the sensory nerves produced no muscular motion. He remarked that the animal was now laboring under the effects of shock, from which it would soon recover so far as reflex life was concerned. In a few minutes, on pinching the foot the frog withdrew it, and as it gradually recovered from the shock, it leaped vigorously about the table on the irritation of its extremities. Dr. H. then explained the philosophy of these actions. By the severance of the spinal cord all sensation and volition had been removed. In this respect the animal was dead. This he proved by the fact that so long as no irritant was applied, no motion occured. Had sensation been present, the painful wound in its neck would induce it to move; but so long as this was the only irritant, the animal lay motionless. It was then, evident, that volition was a faculity of the brain alone. It was also evident that these were muscular motions, not dependent on the brain, but upon other parts of the nervous system. These were automatic motions.

His next proposition was, that the distribution of all sensory nerves was to the skin, and that irritation applied to other tissues would not produce muscular motion. This he proved by denudidg a lower limb of its skin, and applying irritation to the muscular fibre. No motion followed. Upon the opposite limb, however, any irritant was followed by muscular motion. He then cut down upon the femoral nerve of that limb, and severed it. This also destroyed muscular motion. By these experiments he proved that a circuit existed, and that this circuit extended above the point of the division of the nerve.

First, he had proved that the point of departure of nervous influence, or what we call the origin of the nerves, was in the skin. That an excitant being applied to the peripheral or skin extremity of a sensory nerve, an influence was propagated along its trunk to the spinal marrow —that some change or action there, reflected an influence along a nerve returning to the point of excitation—that this nerve produced muscular motion, and finally, that the concurrence of the brain was unnecessary to these automatic motions.

Automatic motions consisted first of those of prehension, which he illustrated by the well known fact that a sleeping infant closes its hand on any object placed within its palm—second, of motions concerned in deglutition and expulsion of the contents of viscera; and lastly, of the motions under the control of the ganglionic system, such as respiration and circulation. Finally, that the ganglionic nerves were all nerves of motion, and that no sensation is ever felt in organs supplied by them, unless from diseased action, pain being the only feeling they possess.

That the ganglionic system is separated from the excito-motor system, and that the latter is not dependent on the former for any power, he proved by removing all the thoracic and abdominal viscera, and demonstrating that the motions of the muscles were unaffected by their withdrawal.

Probably many of our readers are familiar with these experiments and their deductions; but we assure them, that it was no small pleasure to see them under the hands of him who first demonstrated their important application. Any one can appreciate the fact, that a discoverer is ever more lucid in his explanation of his idea, than second hand delineators of them.

Among the most attentive observers and listeners of Dr. Hall, was Ex-President Fillmore, (Chancellor of the University of Buffalo,) whose presence that evening was itself a striking compliment to Dr. Hall, and we may venture to add, an evidence of his own appreciation of the value of medical research.

So pleasant and instructive an evening could not pass without some festivity. Accordingly the Association and guests adjourned to the supper room, whence after a cheerful hour they dispersed. Dr. Hall remained in town for a day or two, receiving, with his family, the hospitalities of Drs. White and Hamilton.

PRIZE ESSAYS.

It is known to our readers that the American Medical Association has for some years offered prizes to the writers of the two best voluntary essays. From the subjoined circular it will be seen that prizes are again offered by the Association:

At a meeting of the Association, held at New York, in May, 1853, the undersigned, were appointed a committee to receive voluntary communications on medical subjects, and to award two prizes of $100 each to the authors of the best two essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned on application after June 1st, 1854.

Communications must be addressed, post paid, to the chairman of the committee, Dr. Charles A. Pope, 123 Locust street, St. Louis, Mo., on or before the 30th of March, 1854.

Charles A. Pope, M. D., Thomas Reyburn, M. D., John S. Moore, M. D., John B. Johnson, M. D., A. Litton, M. D., *Committee.*

CHARLES A. POPE, M. D., *Chairman.*

☞ The medical press of the United States are requested to copy the above notice.

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